GOVERNMENT OF THE DISTRICT OF COLUMBIA

EXECUTIVE OFFICE OF THE MAYOR
OFFICE ON LATINO AFFAIRS

AMENDMENT 2

February 6, 2004

FY 2004 Latino Substance Abuse Prevention and Treatment Services Grant
RFA #0120-04-OLA

On behalf of the District of Columbia Mayor's Office of Latino Affairs (OLA), CDH Management and Consulting, LLC (CDH), hereby issue the following changes or clarifications to RFA #0120-04-OLA, FY 2004 Latino Substance Abuse Prevention and Treatment Services Grant. Specific changes to the text within the RFA appear in bold type.

Start-up Cost: Start-up cost is allowable for the Inpatient Treatment Program only; however, the applicant must state appropriate justification for requesting start-up cost.

Indirect Cost: APRA's recommended indirect cost is 10% for all applicants. The applicant must state appropriate justification for indirect cost.

PROGRAM TWO – FETAL ALCOHOLISM PREVENTION PROGRAM

C. The applicant is responsible for sustaining the APRA Fetal Alcohol Syndrome/Alcohol Tobacco and Other Drugs (FAS/ATOD) awareness media campaign targeting clients by placing **80** (30) second television spots on Univision, WMDO and **200** (60) second spots on Spanish-speaking radio.

PROGRAM THREE – INPATIENT TREATMENT PROGRAM:

The applicant shall serve as an independent intake site; however they are encouraged to demonstrate (in the application) collaboration with the APRA Central Intake Division (CID) to ensure that intake services reflect the standards of CID. Specific APRA intake protocols will be provided to the successful grantee within thirty days of notice of grant award. For questions regarding collaboration with CID, please contact Mr. Fred Chambers at 202-727-0668.

Regulations: Chapter 23, please see attached document. In order to apply for an application for Chapter 23 Certification, please contact Ms. Joan Smith at 202-727-9393.

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CHAPTER 23`

CERTIFICATION STANDARDS FOR SUBSTANCE

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DEPARTMENT OF HEALTH

NOTICE OF EMERGENCY AND PROPOSED RULEMAKING

The Director of the Department of Health, pursuant to sections 5 and 8(c) of the District of Columbia Substance Abuse Treatment and Prevention Act of 1989, effective March 15, 1990 (D.C. Law 8-80; D.C. Code §§ 32-1604 and 32-1607) ("Act"), Reorganization Plan No. 4 of 1996, (effective January 11, 1997), and Mayor's Order 98-87 (dated May 29, 1998), hereby gives notice of the adoption, on an emergency basis, of the following rules to include a new Chapter 23 in Title 29 (Public Welfare) of the District of Columbia Municipal Regulations (DCMR).

The Department initially published a Notice of Emergency and Proposed Rulemaking on January 21, 2000 at 47 D.C. Register 330. A Notice of Emergency and Proposed Rulemaking was again published on May 19, 2000 at 47 D.C. Register 4221. However, the Notice of Emergency and Proposed Rulemaking is again being republished due to substantial changes in response to public comments.

The emergency rules are necessary for the immediate preservation of the public health, safety and welfare of an estimated 65,000 substance abusers in the District of Columbia. Recent media articles have documented the lack of standards for substance abuse treatment programs as contributing to the District's crisis in treating its population of substance abusers. The lack of standards prevents the District from receiving additional Medicaid funding for persons providing substance abuse treatment.

The Act requires annual certification and regulatory review of the District's non-hospital residential and outpatient programs that provide treatment for substance abuse. The District must promulgate standards of treatment in order to certify substance abuse treatment programs. Currently, the District has no standards of treatment for substance abuse treatment programs operating within its borders. Accordingly, there is no uniformity in the treatment provided to substance abusers. Thus, emergency action is necessary to establish certification standards for the service delivery, operations, and maintenance of substance abuse treatment facilities and programs operating within the District of Columbia.

The emergency rules were adopted on September 6, 2000, and became effective immediately on that date, and will expire on January 5, 2001, or upon publication of a Notice of Final Rulemaking in the D.C. Register, whichever occurs first. The Director also gives notice of intent to take final rulemaking action to adopt the proposed rules in not less than thirty (30) days from the date of publication of this notice in the D.C. Register.

Title 29 of the D.C. Municipal Regulations is amended to include a new Chapter 23 to read as follows:

CHAPTER 23

CERTIFICATION STANDARDS FOR SUBSTANCE ABUSE TREATMENT FACILITIES AND PROGRAMS

2300 GENERAL PROVISIONS

2300.1 The Department of Health (DOH), Addiction Prevention and Recovery Administration (APRA) is the Single State Agency (SSA) responsible for the development and promulgation of rules, regulations and certification standards for prevention and treatment services related to the abuse of alcohol, tobacco and other drugs (ATOD) in the District of Columbia. The Bureau of Food, Drug and Radiation Protection, Environmental Health Administration, DOH (hereinafter referred to as "the Department") is responsible for the inspection, monitoring and certification of all substance abuse treatment facilities and programs operating within the District of Columbia.

2300.2 The Department shall certify that a substance abuse treatment facility or program that offers or proposes to offer non-hospital residential, non-hospital detoxification, or outpatient treatment has an organized program operating under the day-to-day supervision of an individual with demonstrable, relevant training and experience; and that the facility or program has the necessary staff, space, and financial resources to provide each patient with a sufficient number of treatment sessions on a regular basis to treat the substance abuse disorder the patient experiences, in accordance with the District of Columbia Substance Abuse Treatment and Prevention Act of 1989 (“Act”) effective March 15, 1990 (D.C. Law 8-80; D.C. Code § 32-1601 et seq.)

2300.3 Pursuant to sections 2300.1 and 2300.2, this chapter establishes definitions; sets certification standards for administrative and clinical operations; establishes standards for space, staffing, financial resources, and specifies the process for conducting inspections and issuing, suspending and revoking certifications.

2300.4 No person shall own or operate a substance abuse treatment facility that offers or proposes to offer non-hospital residential, non-hospital detoxification, or outpatient treatment without being certified by the Department.

2300.5 Any existing substance abuse treatment program or facility that is not certified by the Department shall submit an application for certification pursuant to this chapter within ninety (90) days of the effective date of this chapter. Failure to file within the specified period may result in civil fines or penalties.

2300.6 If an existing facility or program timely files a completed application for initial certification in accordance with this chapter, the facility's or program's continued operation shall not be deemed in violation, if the Department has not rendered a decision on its application.

2300.7 The Department shall issue one (1) certification for each facility or program that is valid only for the premises stated on the certificate. The certificate is the property of the Department and is valid only when the facility or program is in compliance with this chapter.

2300.8 The Department shall indicate on the certification the type of program services a

substance abuse facility or program is authorized to provide.

2300.9 An applicant shall apply for certification to provide one or more of the following substance abuse program services:

(a) Non-hospital Inpatient Detoxification Services;
(b) Non-hospital Residential Treatment Services;
(c) Therapeutic Day Treatment Services;
(d) Intensive Outpatient Services;
(e) Narcotic/Opioid Outpatient Treatment Services; or
(f) Outpatient Treatment Services.

2300.10 Each certified facility or program shall comply with all the provisions of this chapter consistent with the scope of authorized program services.

2300.11 Reviews may include, but are not limited to:

(a) Observation of service delivery;

(b) Review of the organization's physical plant;

(c) A review of clinical and administrative records; and

(d) Interviews with clients, staff and administrators.

2300.12 Substance abuse treatment facilities or programs relying on outside agencies, organizations, or individuals to provide services on their behalf or in conjunction with them, shall file written agreements with the Department that stipulate the nature of the relationship with the facility or program.

2300.13 A substance abuse facility or program shall conspicuously post the certification issued by the Department and a current schedule of its fees and services.

2301 CERTIFICATION − FULL, CONDITIONAL AND PROVISIONAL

2301.1 The Department may grant either full, conditional, or provisional certification status to a substance abuse treatment facility or program after conducting on-site inspections and reviewing application materials, including plans of correction.

2301.2 A determination to grant full certification to a facility or program shall be based on the Department 's review and validation of the information provided in the application, as well as inspection findings, plans of correction, and the facility or program's compliance with this chapter.

2301.3 Full certification shall not exceed a period of three (3) years from the date of issuance.

2301.4 The Department, in determining whether to grant full certification for a three (3)

year period or less, shall review a facility's or program's compliance with targeted outcomes measures (to be established by the Department), after having an opportunity to report the required data for a twelve (12) month period.

2301.5 The Department may grant conditional certification to a new facility or program that:

(a) Has not previously held a certification issued by the Department; and

(b) Is in the process of establishing a program or facility that, at the time of application, does not have sufficient client participation to demonstrate compliance with applicable standards.

2301.6 Prior to expiration of the conditional certification the Department shall evaluate the facility or program's compliance with this chapter.

2301.7 Conditional certification shall not exceed a period of six (6) months and may be renewed only once for an additional period not to exceed ninety (90) days.

2301.8 The Department may grant provisional certification to a fully operational facility or program that has received a statement of deficiencies. Provisional certification is contingent on:

(a) The Department's inspection report that continued operation of the facility or program would not pose a danger to the health, safety and welfare of individuals receiving services;

(b) The Department's approval of the facility or program plan of correction; and

(c) The facility's or program's initiation of corrective actions prior to the Department issuing a provisional certification.

2301.9 Provisional certification may restrict a facility or program from accepting new patients/residents or delivering specified services that it would otherwise be authorized to deliver once appropriate corrective action is taken.

2301.10 Provisional certification shall not exceed a period of one (1) year and is not renewable.

2302 CERTIFICATION: APPLICATION – SCHEDULE OF SUBMISSION, QUALIFICATIONS

2302.1 An applicant shall apply for certification on a form provided by the Department at least ninety (90) calendar days before the opening date of a substance abuse treatment program or facility.

2302.2 A substance abuse treatment facility or program applying for re-certification shall submit its application at least ninety (90) days before the expiration date of its existing certification.

2302.3 A substance abuse treatment program or facility already in operation shall apply for its initial certification as soon as possible but not later than ninety days (90) after the effective date of these rules, or within thirty (30) days after an application package for certification is made available to the public, whichever comes later.

2302.4 To qualify for certification, an applicant shall demonstrate that:

(a) It offers an organized program for the treatment of drug abuse, alcohol abuse, or any combination thereof;

(b) It operates under the direct day-to-day supervision of a clinical director with demonstrable training and experience in the treatment of drug abuse or alcohol abuse; and

(c) It employs sufficient numbers of professional staff members to deliver adequately the services offered to its patient caseload.

2303 CERTIFICATION: APPLICATION – CONTENT

2303.1 An applicant shall state whether he or she is applying for certification to provide treatment for drug abuse, alcohol abuse, or a combination thereof.

2303.2 An application for certification shall be submitted to the Department with the required fees and attachments, and shall include the following information:

(a) Evidence of a valid Certificate of Occupancy and the most recent fire inspection report;

(b) A current organizational chart;

(c) A statement describing the type of program services provided and a physical description of each location occupied by the program;

(d) A notarized listing of names, addresses, and telephone numbers of owners, officers or agents of the facility or program;

(e) A business/capitalization plan demonstrating the applicant's financial ability and organizational capability to provide services to the target population;

(f) A description of services and community coordination to be provided to meet the needs of the target population in areas including but not limited to housing and child development centers;

(g) A description of proposed program operations including, but not limited to staffing, location, and hours of operation;

(h) The specific qualifications, licensure, and certification for all professional staff;

(i) The specific training and experience of all staff providing patient care,

including the director and supervisory staff;

(j) The number of persons to be served by the facility, including the static capacity and the estimated number of persons served annually;

(k) A description of an advisory or planning committee which includes representatives from the target population, names of representatives from relevant community groups and service agencies, and evidence of their involvement with the development of the program, including but not limited to, letters of support and minutes of meetings; and

(l) Proof of liability insurance coverage, provided that such coverage includes malpractice insurance of at least one hundred thousand dollars ($100,000), and comprehensive general coverage of at least three hundred thousand dollars ($300,000) per incident, to include general liability, vehicular liability, and property damage. Such coverage shall include coverage of all personnel, consultants or volunteers working in the facility or program.

2303.3 Application forms shall list all certificates of approval, authority, occupancy, or certificates of need required as a precondition to lawful operation in the District, including but not limited to the following:

(a) District and Drug Enforcement Administration (DEA) controlled substance registrations as required by Chapter 10 of Title 22 of the District of Columbia Municipal Regulation; and 21 CFR, Part 1300 - 1399, respectively;

(b) Professional health occupations licenses and registrations in accordance with the District of Columbia Health Occupations Revision Act of 1985 Amendment Act of 1994, effective date March 25, 1986 (D.C. Law 6-99; D.C. Code § 2-3301 et seq.);

(c) Copies of written agreements with any entity providing program services; and

(d) Certification from the Food and Drug Administration (FDA) for the operation of a narcotic treatment program or opioid treatment program.

2303.4 The Department shall review a completed application within ninety (90) business days of receipt to determine whether the applicant is eligible for certification. The Department will notify the applicant by mail of its determination.

2304 CERTIFICATION – EXEMPTIONS FROM STANDARDS

2304.1 If a certification standard interferes with a service provision, the Department may, at its discretion, exempt a certification standard if the exemption does not jeopardize the health and safety of patients, infringe on patient rights, or diminish the quality of the service delivery.

2304.2 If the Department approves an exemption, such exemption shall end on the expiration date of the facility or program certification, unless the facility or program requests renewal of the exemption prior to expiration of its certificate.

2304.3 The Department may deny a request or revoke an exemption at any time if the Department makes a determination that a substance abuse treatment facility or program is not in compliance with the provisions of the Act, rules adopted pursuant to this chapter, and applicable District and federal laws or regulations.

2304.4 All requests for an exemption from certification standards must be submitted in writing to the Department at the time of application or anytime thereafter.

2305 CERTIFICATION − RE-CERTIFICATION PROCEDURES

2305.1 A facility shall submit an application for re-certification to the Department at least ninety (90) calendar days prior to expiration of its certificate.

2305.2 The Department may re-certify a facility or program pending satisfactory completion of an inspection conducted by the Department.

2305.3 A facility or program shall provide written notice to the Department at least ninety (90) calendar days prior to the effective date of relocating, discontinuing a program service, or adding a program site.

2305.4 The Department, upon notification, may at its discretion require a re-inspection and re-certification to ensure that the facility or program remains in compliance with the provisions of the Act, rules adopted pursuant to this chapter, and all other applicable provisions of law.

2305.5 A transferee or his or her agent shall submit an application for re-certification to the Department. The Department may issue a certification to the transferee for the continued operation of the facility, at the same location, subject to an inspection for compliance with this chapter.

2305.6 The continued operation of a facility or program shall not be deemed unlawful if a completed application for re-certification was timely filed, but through no fault of the facility or program the Department failed to re-certify the applicant before its certification expired.

2306 CERTIFICATION − INSPECTION PROCEDURES

2306.1 The Department and its authorized agents, upon presentation of proper identification, shall have the authority to enter the premises of a substance abuse treatment facility or program during operating hours for the purpose of conducting announced or unannounced inspections and investigations to ensure continued compliance with certification standards.

2306.2 The purpose of the inspection shall be to verify information contained in the application or to ensure compliance with this chapter or other provisions of District and federal law. The authorized agent shall make every effort not to disrupt the normal operations of the facility, program, or its staff.

2306.3 Every substance abuse treatment facility or program shall be given prompt written

notice by the Department within thirty (30) business days of all deficiencies reported as a result of an inspection or investigation.

2306.4 The Department shall conduct annual on-site inspections.

2306.5 A facility or program shall give written notice to the Department within five (5) calendar days of the loss of its private accreditation or federal approval or certification, and may be subject to an immediate on-site inspection by the Department.

2306.6 The Department shall hold entrance and exit conferences with the facility to provide information on the procedures and findings of its inspection.

2306.7 The form to be used for inspection of a substance abuse facility or program shall be designated by the Department and incorporated by reference.

2307 CERTIFICATION − STATEMENT OF DEFICIENCIES AND CORRECTIVE ACTION PLANS

2307.1 The Department shall issue a statement of deficiency within thirty (30) days of completing an inspection. Statements of deficiencies shall constitute a finding of non-compliance with a certification standard.

2307.2 When a finding of non-compliance with a certification standard is determined to pose a danger to the health, safety or welfare of patients or staff, immediate corrective action may be required.

2307.3 The Department shall maintain a record of each statement of deficiency made of a substance abuse facility or program within the District.

2307.4 The Department shall treat the statement of deficiencies as a public document and shall make it available for disclosure to a person who requests it as provided in the District of Columbia Administrative Procedure Act (DCAPA) approved October 21, 1968 (82 Stat. 1204, D.C. Code § 1-1501 et seq.).

2307.5 The Department shall require a facility or program to submit a plan to correct deficiencies identified during an on-site inspection.

2307.6 The plan of correction for each deficiency shall include but not be limited to:

(a) A statement of the deficiency;

(b) A description of the corrective action(s) to be taken;

(c) The date of completion for each action; and

(d) The signature of the person responsible for the program.

2307.7 The plan of correction shall be submitted to the Department within thirty (30) calendar days of the facility's or program's receipt of the statement of deficiencies. The Department shall make a determination whether or not the plan of correction is acceptable and shall provide written notification to the facility or program of its decision within fifteen (15) business days of receiving a plan of correction.

2308 CERTIFICATION − RE-INSPECTION PROCEDURES

2308.1 If a substance abuse facility or program has received a statement of deficiencies due to violations of this chapter, the Department may reinspect the facility or program.

2309 CERTIFICATION − SERVICE OF NOTICE

2309.1 Any notice required by this chapter may be served either personally or by certified mail, return receipt requested, directed to the applicant, facility or program at the last known address as shown in the records of the Department.

2310 NOTICE REQUIREMENTS − OPERATIONAL CHANGES

2310.1 A substance abuse treatment program or facility shall notify the Department in writing thirty (30) days prior to implementing any of the following operational changes, including all aspects of the operations materially affected by the changes:

(a) A change in the program's or facility's geographic location;

(b) A change in the settings where services are performed (e.g. outpatient clinic to home-based);

(c) A planned sale, lease, or change in ownership;

(d) The proposed addition or deletion of major service components;

(e) A change in required staff qualifications;

(f) A proposed change in organizational structure;

(g) A change in the population served;

(h) A change in bed capacity, and;

(i) A change in program capacity.

2310.2 Written notice of any change in the ownership of a facility or program owned by an individual, partnership, or association, or in the legal or beneficial ownership of 10% or more of the stock of a corporation that owns or operates a facility or program, shall be given to the Department at least thirty (30) calendar days prior to the change in ownership.

2310.3 The Department, upon notification, may at its discretion require re-inspection to ensure that the facility or program will remain in compliance with the provisions of

the Act, this chapter, and all other applicable provisions of law.

2310.4 A substance abuse treatment program or facility shall provide other notifications as required by applicable District and federal laws and regulations.

2311 NOTICE REQUIREMENTS − CLOSURES AND CONTINUITY OF PATIENT CARE

2311.1 A facility or program shall provide written notification to the Department at least ninety (90) calendar days prior to its impending closure. This notification shall include plans for the disposition of patients and for the placement and preservation of patient records.

2311.2 A facility or program shall be responsible for the placement of its patients and for the preservation and the storage of patient records.

2311.3 A facility or program shall immediately discontinue operations and notify the Department if an imminent health hazard exists because of an emergency such as a fire, flood, extended interruption of electrical or water service, sewage backup, gross unsanitary conditions, or other circumstances that may endanger the health, safety, or welfare of its patients.

2312 NOTICE REQUIREMENTS − RESUMING OPERATIONS

2312.1 If a facility or program discontinues a service provision, the facility or program shall apply for and obtain a new certification from the Department before resuming operations.

2313 ADMINISTRATIVE SERVICES: MANAGEMENT AND ADMINISTRATION − GOVERNING BODY STANDARDS:

2313.1 Each substance abuse treatment facility or program shall have a governing body with legal and fiduciary authority, as well as responsibility for the overall operation of the program. In addition:

(a) If a public facility, the governing body shall have a description of its administrative framework and the lines of authority within which it operates; and,

(b) If a private facility, the governing body shall have written documentation of the source of its authority through either a charter, constitution, articles of incorporation, by-laws or certification.

2313.2 The governing body shall establish policies for and exercise general direction over the operation of a substance abuse treatment facility or program.

2313.3 The methods used by the governing body to establish policy and provide general direction must be documented, including frequency of meetings, appointment of officers, establishment of committees, establishment of attendance requirements for board members, fiscal reviews, record keeping and recording of minutes, and any other structural guidelines necessary to demonstrate compliance with the scope of

authority held by the governing body.

2313.4 In addition to the annual business meeting of the board, meetings shall be held as required to maintain proper oversight and control.

2313.5 The governing body shall orient new board members to the structure and operation of its facility or program and shall establish a continuing education program for all board members of the governing body.

2313.6 The governing body shall review triennially the independent audit of fiscal operations, including the management letter, prepared by an independent certified public accountant (CPA). The review shall occur at the meeting following receipt of the audit and management letter and the governing body shall take corrective action accordingly. The audit, management letter, and records of all meetings shall be available to the Department.

2313.7 The governing body shall develop and approve:

(a) A detailed description of the parent organization that includes:

(1) Mission statements with clear identification of philosophy, purpose, and goals;

(2) The scope of the organization's operating elements and programs;

(3) The management and leadership structure; and

(4) The relationship among components within the organization and with agencies outside of the organization.

2314 ADMINISTRATIVE SERVICES: MANAGEMENT AND ADMINISTRATION − PROGRAM AND CLINICAL DIRECTORS STANDARDS

2314.1 The governing body or executive director shall appoint a program director to whom it delegates, in writing, the authority and responsibility for the administrative direction and day-to-day operation of the organization, facility and/or program.

2314.2 The governing body or executive director shall appoint a clinical director to whom it delegates, in writing, the authority and responsibility for the clinical direction and day-to-day delivery of clinical services provided to patients of the facility(s) and/or program(s). This individual may or may not be the same person who performs the duties of the facility or program director.

2314.3 The facility or program director with input from the clinical director shall provide a quarterly report to the governing body regarding the operations of the substance abuse treatment facility or program. The report shall include the financial status, individual service delivery and utilization, personnel, and progress in achieving

program goals and objectives.

2314.4 The facility or program director and clinical director shall have adequate time and authority to perform necessary duties to ensure that service delivery is in compliance with applicable standards set forth in this chapter.

2314.5 The facility or program director shall be responsible and accountable for the administrative and general management requirements of the program or facility and for day-to-day operations.

2314.6 The clinical director, if different from the program or facility director shall be responsible and accountable for the methodology and quality of treatment services delivered on a day-to-day basis within the program or facility.

2315 ADMINISTRATIVE SERVICES: MANAGEMENT AND ADMINISTRATION − FISCAL MANAGEMENT STANDARDS

2315.1 The facility or program shall have adequate financial resources for the program or facility to deliver all required services. Evidence of adequate financial resources includes but is not limited to:

(a) Documented evidence of adequate resources to operate its programs or facilities; or,

(b) A minimum line of credit sufficient to support ninety (90) days of operating expenses.

2315.2 A substance abuse treatment facility or program shall have fiscal management policies and procedures in accordance with generally accepted accounting principles.

2315.3 All financial records shall be kept according to generally accepted accounting principles (GAAP).

2315.4 A substance abuse treatment facility or program shall include adequate internal controls for safeguarding or avoiding misuse of patient or organizational funds.

2315.5 A substance abuse treatment facility or program shall have a uniform budget of expected revenue and expenses as required by the Department. The budget shall:

(a) Categorize revenue by source;

(b) Categorize expenses by types of services;

(c) Estimate costs by unit of service; and

(d) Be reviewed and approved by the governing authority prior to the beginning of the current fiscal year;

2315.6 A substance abuse treatment facility or program shall have the capacity to

determine direct and indirect costs for each type of service provided.

2315.7 If a facility or program charges for services, the written schedule of rates and charges shall be conspicuously posted and available to staff, patients and the general public.

2315.8 The current schedule of rates and charges shall be approved by the governing authority.

2315.9 A substance abuse treatment facility or program shall maintain a reporting mechanism that provides at least quarterly information on the fiscal performance of the facility or program.

2315.10 Fiscal reports shall provide information on the relationship of the budget to actual spending including revenues and expenses by category and an explanation of the reasons for any substantial variance.

2315.11 Fiscal reports shall be available to the staff and governing authority that has responsibility for budget and management.

2315.12 The governing body shall review each fiscal report and document recommendations and actions in its official minutes.

2315.13 An independent certified public accountant shall conduct an audit triennially of the fiscal operations. The audit report and management letter shall be sent to the Department by the 31st day of March in the year following the audit period.

2315.14 The facility or program shall correct or resolve adverse audit findings following approval by the governing body.

2315.15 A substance abuse treatment facility or program shall have policies and procedures regarding:

(a) Purchase authority, product selection and evaluation, property control and supply, storage, and distribution;

(b) Billing;

(c) Controlling accounts receivable;

(d) Handling cash;

(e) Management of client fund accounts;

(f) Arranging credit; and

(g) Applying discounts and write-offs.

2315.16 Fiscal records shall be retained for at least five (5) years or until all litigation or adverse audit findings, or both, are resolved.

2315.17 A facility or program shall maintain insurance coverage.

2315.18 If a facility or program handles client funds, financial record keeping shall provide for separate accounting of patient funds.

2315.19 A facility or program shall ensure that patients employed by the organization are paid in compliance with all applicable laws governing labor and employment.

2315.20 All money earned by a patient shall accrue to the sole benefit of that individual.

2316 ADMINISTRATIVE SERVICES: MANAGEMENT AND ADMINISTRATION − ADMINISTRATIVE PRACTICE ETHICS

2316.1 A facility or program shall not use any advertising that contains false, misleading or deceptive statements or claims, or false or misleading disclosure of fees and payment for services.

2316.2 The facility's or program's name shall not offer or imply to offer services not authorized on the certification issued by the Department.

2316.3 A facility or program shall not offer or pay any remuneration, directly or indirectly, to encourage a licensed practitioner to refer a client to them.

2316.4 All employees shall be kept informed of policy changes that affect performance of duties.

2316.5 The facility or program shall develop a policy specifying the method used to investigate ethical allegations, including the imposition of sanctions.

2317 ADMINISTRATIVE SERVICES: MANAGEMENT AND ADMINISTRATION − RESEARCH STANDARDS

2317.1 All research development and related activities that involve human subjects shall comply with "Protection of Human Subjects" 45 CFR, Part 46 and "Confidentiality of Alcohol and Drug Abuse Patient Records" 42 CFR, Part 2.

2317.2 The organization, facility or program shall comply with all applicable federal and District regulations to assure the protection of participants in human research and to ensure a written policy prohibiting participation in human research.

2318 ADMINISTRATIVE SERVICES: MANAGEMENT AND ADMINISTRATION − ACCESSIBILITY STANDARDS

2318.1 A substance abuse treatment facility or program shall provide or arrange for access to services free from all barriers. Specifically:

(a) The program shall provide equal opportunity to qualified handicapped

individuals; and

(b) No barriers (architectural, communication, procedural and the like) to the delivery of services shall exist.

2318.2 A substance abuse treatment facility or program shall establish policies and procedures that support accessibility to all qualified individuals. Established policies and procedures shall stipulate that individuals infected with the human immunodeficiency virus or acquired immunodeficiency syndrome have equal access to services.

2319 ADMINISTRATIVE STANDARDS − QUALITY IMPROVEMENT STANDARDS

2319.1 A substance abuse treatment facility or program shall develop and implement a Continuous Quality Improvement (CQI) plan that integrates the process improvement into the agencies' organizational structure and ongoing service delivery as follows:

(a) The facility or program shall establish a written quality improvement plan, approved by the governing board and executive director. The plan shall mandate that all organizational members participate in a quality improvement process;

(b) The quality improvement plan shall identify the committee, group, or person responsible for the coordination and implementation of the quality improvement process; and

(c) The staff and the governing body shall review the plan annually and revise it as appropriate.

2319.2 A substance abuse treatment facility or program shall establish support for, and maintain the quality improvement process through the facility's or program's professional and administrative staff by requiring:

(a) The active involvement of interdisciplinary teams of service delivery staff and management in improving the treatment process;

(b) Interdisciplinary teams to gather data on treatment outcomes before and after changing the process of care; and

(c) The establishment of procedures to ensure that the findings of the quality improvement process, recommendations for addressing problem areas, and results of corrective action efforts are reviewed and written evidence of utilization by staff to enhance service delivery.

2319.3 The following functions and programmatic indicators shall be included in the comprehensive quality improvement process:

(a) Verification of necessary experience, education and ongoing competence of staff for the delivery of substance abuse treatment services;

(b) Supervision and training of all personnel;

(c) Auditing of administrative and patient records to determine accuracy, completeness, quality, and timeliness of entries in the record in accordance with certification standards and program policy;

(d) Monitoring of key quality indicators of service delivery and outcomes including:

(1) Recovery and recidivism rates;

(2) Cost of services;

(3) Appropriateness of services; and

(4) Access to services.

(e) Identifying and monitoring of unusual occurrences and the related problems/issues;

(f) Reviewing the appropriateness of the level of service on an ongoing basis;

(g) Reviewing the utilization of services beyond the usual and customary length of stay consistent with an objective review by unbiased participants; and

(h) Obtaining recommendations and feedback from patients, staff and other individuals, patients' family members, and community agencies regarding the appropriateness and effectiveness of the facility's or program's services.

2319.4 A substance abuse treatment facility or program shall monitor any other programmatic indicators identified by the facility, program or the Department.

2319.5 A substance abuse treatment facility or program shall collect data for each indicator on an ongoing basis using a standardized format as required by the Department.

2319.6 A substance abuse treatment facility or program shall have computer hardware, software and network capability compatible with the Department's management information system for the electronic transmission of required uniform data and information which will be used to determine appropriateness of admissions and service plans, measure outcomes and recovery rates, and determine compliance with other requirements of this chapter.

2319.7 The substance abuse treatment facility or program shall collect quarterly random samplings of patient outcomes, including but not limited to biological markers such as drug/alcohol screening results, on a form provided by the Department.

2319.8 When a significant problem or quality of service issue is identified, the substance abuse treatment facility or program shall act to correct the problem or improve the effectiveness of service delivery, or both, and shall assess corrective or supportive actions through continued monitoring.

2319.9 A substance abuse treatment facility or program shall maintain a quality improvement record system, compatible with the Department's data requirements.

2319.10 The record system shall contain documentation, including peer and other monitoring reviews, reports, recommendations, corrective actions and the status of previously identified problems, outcomes related to certification standards, or both.

2319.11 The record system shall be available to the Department for review.

2319.12 The record system shall include minutes of all quality improvement meetings, with attendance, time, place, date, actions or recommendations for actions noted, achievement of outcomes, and information disseminated to patients and staff concerning improvement.

2319.13 The Department shall maintain a record of the outcomes of treatment for each substance abuse facility or program. The Department shall treat the record as a public document and shall periodically publish and/or distribute findings to providers, patients, and the general public.

2320 ADMINISTRATIVE SERVICES: PROGRAM DESCRIPTION – POLICIES AND PROCEDURES

2320.1 A facility or program shall develop and implement plans, policies and procedures that shall include descriptions of program operations and service delivery as follows:

(a) For the parent organization in which the substance abuse treatment facility or program is affiliated the plan shall show the:

(1) Leadership structure as defined by the governing board, organization, and methods of personnel utilization; and

(2) Relationship among components within the organization and with agencies outside of the facility or program as defined by the governing board.

(b) A written mission statement with clear identification of philosophy, purpose, and goals, as developed by the governing board;

(c) A statement of objectives required to meet goals, including the treatment philosophy and design, treatment outcomes and treatment process methods that shall include but not be limited to:

(1) Recognition of personal dignity and respect for individual choice of

patients;

(2) The development of rehabilitation plans and provision of services based on the individual needs of the target population inclusive of "special needs" (i.e. support, mental health, sign language/TTI, and language services for monolingual or limited English speaking consumers);

(3) Commitment to place patients in the least restrictive setting necessary to address the severity of the individual's presenting illness and circumstances; and

(4) Serve only those individuals whose service needs are consistent with the program or facility description but which provides for referring and facilitating access to other more appropriate services for individuals deemed inappropriate for admission.

(d) A written description of the program or facility that accurately describes its services to include but not be limited to:

(1) Services provided;

(2) Characteristics and needs of the population served;

(3) Contract services, if any;

(4) Affiliation agreements, if any;

(5) Admission and exclusion criteria;

(6) Termination of treatment and discharge or transition criteria;

(7) Type and role of staff; and

(8) Service delivery policies and procedures as specified in SERVICES AND SUPPORT − REHABILITATION SERVICES STANDARDS.

(e) Location of service sites and specific designation of the geographic area to be served;

(f) Hours and days of operation of each site;

(g) The outreach plan for all services offered;

(h) Community support plan for patients to access wraparound services critical to achieving planned outcomes;

(i) Infection control procedures and use of universal precautions, addressing at least those infections that may be spread through contact with bodily fluids and routine tuberculosis screening for staff;

(j) The scope of volunteer activities, and rules governing the use of volunteers;

(k) Safety precautions and procedures for participant volunteers, employees and others;

(l) Record management procedures in accordance with "Confidentiality of Alcohol and Drug Abuse Patient Records" 42 CFR, Part 2, this chapter, and any other District laws and regulations regarding the confidentiality of patient records;

(m) Crisis intervention and medical emergency procedures;

(n) Staff communication with the governing body;

(o) The on-site limitations on use of tobacco, alcohol and other substances;

(p) Patients' rules of conduct and commitment to treatment regimen, including restrictions on carrying weapons and specifics of appropriate behavior while in or around the facility or program;

(q) Patients' rights;

(r) Methodology for addressing and investigating unusual incidents;

(s) Methodology for addressing patient grievances; and

(t) Methodology for addressing issues of patient non-compliance with

(1) Established treatment regimen; and

(2) Other policies governing behavior, sobriety and any other specified requirements while on the premises.

2321 ADMINISTRATIVE SERVICES: HEALTH AND SAFETY MANAGEMENT − Emergency Preparedness Plan

2321.1 A facility or program shall have an emergency preparedness plan. The plan shall address:

(a) Medical emergencies;

(b) Natural emergencies, such as earthquakes, severe storms, tornados or floods;

(c) Power failures;

(d) Hazardous environmental conditions such as, excessively high or low temperatures, chemical exposure, unusual fumes, and gas leaks.

(e) Fires;

(f) Behavioral crises, such as, bomb threats, terrorist threats, other workplace threats and acts of violence;

(g) Abuse or neglect of patients or staff;

(h) Injury or death of patients or staff; and

(i) Arrest or detention of patients or staff in the facility or program.

2321.2 Each facility or program shall orient staff to the emergency preparedness plan by doing the following:

(a) Reviewing the emergency preparedness plan with all staff at least annually;

(b) Conducting annual drills;

(c) Addressing the use and function of the fire alarm and the detection system, notification of authorities and the protection of lives including evacuation plans and fire extinguisher;

(d) Posting evacuation routes; and

(e) Notifying staff of any changes in the plan.

2322 ADMINISTRATIVE SERVICES: HEALTH AND SAFETY MANAGEMENT − FACILITY ENVIRONMENT AND SAFETY STANDARDS

2322.1 A substance abuse treatment facility or program shall establish and maintain a safe environment for its operation and shall take usual and reasonable precautions to preserve the safety of persons who participate in off-site locations.

2322.2 All buildings used for programmatic activities shall meet applicable District fire safety and health requirements.

2322.3 All buildings used by the facility or program shall be inspected annually by the District's Fire Department, as required by District law or regulation, for the purpose of fire prevention.

2322.4 A substance abuse treatment facility or program shall maintain documentation of all inspections and corrections of all cited deficiencies.

2322.5 A substance abuse facility or program shall submit to the Department at the time of an initial application and whenever modifications are made, verification of compliance with the 1996 Building Officials and Code Administrators (BOCA) Codes and 1999 D.C. Supplements to the National Mechanical BOCA Code, National Plumbing Code, National Electrical Code, National Elevator Code, and the National Building Code.

2322.6 A substance abuse facility or program shall maintain a safe, clean environment free of infestation and in good physical condition.

2322.7 A substance abuse treatment facility or program shall provide comfortable lighting, ventilation, and moisture and temperature control. Rooms shall be dry and the temperature shall be maintained within a normal comfort range, including bedrooms and activity rooms below ground level.

2322.8 A substance abuse treatment facility or program design and structure shall be sufficient to accommodate staff, participants, and functions of the program, and shall make available the following:

(a) A reception area;

(b) Private areas for individual counseling defined as a private office;

(c) A private area(s) for group counseling and other group activities;

(d) An area(s) for indoor social and recreational activities as required for the level of care offered;

(e) An area(s) for dining, if applicable; and

(f) Separate bathrooms and/or toilet facilities for each sex where the:

(1) Required path of travel to the bathroom shall not be through another bedroom;

(2) Windows and doors provide privacy; and

(3) Showers and toilets not intended for individual use provide privacy.

(g) Beds that are clean, comfortable and equipped with a mattress, pillow, blanket(s), and bed linens, for programs and facilities offering overnight stays.

2322.9 A facility or program that provides overnight accommodations shall not operate more beds than the number for which it is certified.

2322.10 A facility or program that provides overnight accommodations shall obtain written authorization from the Department prior to increasing in its bed capacity.

2322.11 If activity space is used for other purposes not related to the facility's or program's mission, the facility or program shall ensure that:

(a) The quality of the services are not reduced; and

(b) Activity space in use by other programs shall not be counted as part of the required activity space.

2322.12 The use of appliances such as televisions, radios, CD players, recorders and other electronic devices shall not interfere with the therapeutic program.

2322.13 A substance abuse treatment facility or program shall maintain fire safety equipment and practices to protect all occupants.

2322.14 Fire extinguishers shall be clearly visible, maintained with a charge, and inspected annually by a qualified service company or trained staff member.

2322.15 The means of egress shall be free of any item that would obstruct the exit route.

2322.16 A substance abuse treatment facility or program shall take necessary measures to ensure pest control. Refuse shall be stored in covered containers that do not create a nuisance or health hazard. Recycling, composting, and garbage disposal shall not create a nuisance, permit transmission of disease, or create a breeding place for insects or rodents.

2322.17 A substance abuse treatment facility or program shall take necessary measures to prevent, identify and control infections. These measures shall include methods for determining the incidence of infection among consumers and personnel and protocols for proper treatment.

2322.18 A substance abuse treatment facility or program shall maintain an adequately supplied first-aid kit.

2322.19 There shall be at least one staff member on duty at each service site who holds a current certificate, issued by a recognized authority, in basic first aid and cardiopulmonary resuscitation, or emergency medical training.

2322.20 A substance abuse treatment facility or program shall post emergency numbers near its telephones for fire, police and poison control.

2322.21 A substance abuse treatment facility or program shall have an interim plan addressing safety and continued service delivery for new construction or for conversion, structural modifications or additions to existing buildings.

2322.22 A substance abuse treatment facility or program shall maintain compliance with the federal Americans with Disabilities Act of 1990 (ADA), approved July 26, 1990 (104 Stat. 327; 42 U.S.C. § 1210 et seq.).

2323 ADMINISTRATIVE SERVICES: HEALTH AND SAFETY MANAGEMENT – VEHICLE ENVIRONMENT AND SAFETY STANDARDS

2323.1 A substance abuse treatment facility or program shall implement measures to ensure the safe operation of its transportation service, if applicable. These measures shall include, but are not limited to:

(a) Automobile insurance with adequate liability coverage;

(b) Regular inspection and maintenance of vehicles as required by law;

(c) Adequate first aid supplies and fire suppression equipment secured in the vehicles;

(d) Training of vehicle operators in emergency procedures and in the handling of accidents and road emergencies; and

(e) Verification to ensure that vehicles are operated by properly licensed drivers with driving records that are absent of serious moving violations, including but not limited to, "Driving Under the Influence" (DUI).

2324 ADMINISTRATIVE SERVICES: HEALTH AND SAFETY MANAGEMENT − Hazardous and Other Waste Disposal

2324.1 A substance abuse treatment facility or program shall ensure that medical waste is be stored, collected, transported and disposed of in accordance with applicable District and Federal laws and guidelines from the Center for Disease Control (CDC).

2324.2 Waste which is not classified as infectious waste, hazardous waste, or otherwise regulated by District or federal law or rules shall be stored, collected, transported and disposed of in accordance with the District of Columbia's Solid Waste Control Regulations, Chapter 7 of Title 21 of the District of Columbia Municipal Regulations (21 DCMR 7).

2325 ADMINISTRATIVE SERVICES − Food And Nutrition Standards

2325.1 All patients shall have a nutritional assessment within three (3) days of admission if admitted to a treatment facility or program that provides food service and prepares and serves food.

2325.2 All treatment facilities or programs that provide food service that includes preparing and serving food shall comply with the District of Columbia Food Code.

2325.3 A contractor or other source providing food to a treatment facility or program that serves food to patients shall comply with all applicable District laws and regulations concerning the storage, preparation, and serving of food.

2325.4 Nutritional services shall include:

(a) Review and approval of menus;

(b) Education for individuals with nutrition deficiencies or special needs; and

(c) Coordination with medical personnel as appropriate.

2325.5 Nutritional services may only be provided and rendered by a licensed dietician or licensed nutritionist, a copy of whose current license shall be maintained on file.

2325.6 A substance abuse treatment facility or program providing meals shall implement written plans to meet the dietary needs of its patients, ensuring access to nourishing, well-balanced, healthful meals.

2325.7 In addition to meeting dietary needs, a substance abuse treatment facility or program shall make reasonable efforts to prepare meals that consider the cultural background and personal preferences of the clients.

2325.8 The written dietary plan shall identify the methods and parties responsible for food procurement, storage, inventory and preparation, and the procurement of commodity and other supplemental foods and food stamps, where applicable.

2325.9 The written dietary plan shall ensure special provisions for individuals unable to have a regular diet as follows:

(a) Providing clinical diets for medical reasons when necessary;

(b) Recording clinical diets in the record;

(c) Providing special diets for patients' cultural and personal preferences; and

(d) Maintaining menus of special diets or a written plan stating how special diets will be developed or obtained when needed.

2325.10 If appropriate, a substance abuse treatment facility or program shall maintain a fully equipped and supplied code-compliant kitchen area unless meals are catered by an outside facility, in which case the outside facility must maintain a fully equipped and supplied code-compliant kitchen.

2325.11 A substance abuse treatment facility or program may share kitchen space with other programs if the accommodations are adequate to perform required meal preparation for all programs using the kitchen.

2325.12 A substance abuse treatment facility or program shall provide meals and snacks including fresh fruit for the hours of operation and the population served as recommended by the most recent edition of the Manual of Clinical Dietetics developed by the American Dietetic Association.

2325.13 Meals shall be served in a pleasant, relaxed dining area. The dining area shall accommodate families and children.

2325.14 Meals shall be scheduled so as to have no more than fourteen (14) hours between a

substantial dinner meal and breakfast.

2326 ADMINISTRATIVE SERVICES: HUMAN RESOURCES − Personnel Policies and Procedures

2326.1 Personnel policies and procedures shall apply to all staff and volunteers working in the facility or program and shall include:

(a) An equal opportunity plan for hiring staff;

(b) Requirements for consistent and fair practices in hiring staff including a statement that a person having or not having had a past problem with substance abuse is not the sole factor in denying employment;

(c) A current organizational flowchart reflecting each program position, and where applicable, the relationship to the larger facility of which the program is a part;

(d) Written job descriptions for each program position, with specific duties, responsibilities, title of supervisor(s) and, where applicable, positions supervised;

(e) Written descriptions of staff supervision practices;

(f) Written plans for developing, posting and maintaining files pertaining to work and leave schedules, time logs, and on-call schedules for each functional unit, to ensure adequate coverage during all hours of operation.

(g) Requirements for an annual written job performance evaluation for each employee and procedures which provide staff with the opportunity to review the evaluation;

(h) Disciplinary procedures and an employee grievance mechanism;

(i) Provisions for compliance with the federal Fair Labor Standards Act;

(j) A written policy requiring a designated individual be assigned responsibility for management and oversight of the volunteer program, if volunteers are utilized;

(k) A written policy regarding volunteer recruitment, screening, training, supervision and dismissal for cause, if volunteers are utilized;

(l) Provisions through which the facility shall make available to staff a copy of the personnel policies and procedures; and

(m) The requirement that all personnel receive training on patient confidentiality during orientation.

2326.2 A substance abuse treatment facility or program shall develop and implement procedures that prohibit the possession, use or distribution of controlled substances or alcohol, or any combination of them, by staff during their duty hours unless medically prescribed and used accordingly. These policies and procedures shall ensure that the facility:

(a) Provides information about the adverse effects of the non-medical use and abuse of controlled substances and alcohol to all staff;

(b) Initiates disciplinary action for the possession, use or distribution of controlled substances or alcohol, or any combination of them, which occurs during duty hours or which affects job performance; and

(c) Provides information and assistance to any impaired staff member to facilitate recovery.

2326.3 A substance abuse treatment facility or program shall develop and implement policies and procedures to ensure that staff:

(a) Qualifications are verified and documented in the personnel files prior to employment including:

(1) Educational background and field of study, through valid licenses, transcripts or diplomas;

(2) Experience, by contacting the previous employer(s) and obtaining references; and

(3) Specialized training in relevant subjects.

(b) Have been screened through established facility mechanisms to determine that the staff is not known to have committed physical abuse, sexual abuse, child abuse/neglect, or a felony involving crimes against a person.

(c) Drug testing as applicable.

2326.4 Individual personnel records shall be maintained for each person employed by a substance abuse facility or program and shall include, at a minimum,-the following:

(a) A current job description for each person that is revised as needed;

(b) Evidence of a pre-employment physical examination, which shall include the results of a tuberculin skin test, and if indicated, a chest x-ray;

(c) Evidence of the education, training and experience of the individual, and a copy of the current appropriate license, registration or certification credentials;

(d) Written personnel policies distributed to the employee;

(e) Notices of official tour of duty, notices of day, evening, night or rotating shift, payroll information, and disciplinary records; and

(f) Documentation that the employee has received all immunizations as recommended by the Center for Disease Control (CDC) for healthcare workers.

2326.5 All personnel who provide direct patient care services shall have an annual physical examination that includes but is not be limited to a tuberculosis skin test and/or a chest x-ray, and a record thereof shall be maintained in the individual's personnel file.

2326.6 All substance abuse personnel who are exposed to blood shall demonstrate evidence of full immunization against hepatitis B or documentation of refusal.

2326.7 All personnel records shall be maintained during the course of an individual's employment with the facility or program and for three (3) years following the individual's separation from the facility or program.

2326.8 The clinical director is responsible for ensuring that all personnel are free of communicable diseases.

2327 ADMINISTRATIVE SERVICES: HUMAN RESOURCES − Personnel Training Standards

2327.1 Substance abuse treatment personnel shall have annual training that meets the Occupational Safety & Health Administration (OSHA) regulations and any other applicable infection control guidelines, including information on reducing exposure to hepatitis, tuberculosis, HIV/AIDS and on the use of universal precautions.

2327.2 A substance abuse treatment facility or program shall have at least one (1) staff person trained and certified in basic first aid and cardiopulmonary resuscitation (CPR) present at all times during the hours of operation of the facility or program.

2327.3 A substance abuse treatment facility or program shall maintain and implement a written plan for staff development.

2327.4 The staff development plan shall address the methods and mechanisms to ensure the provision of required orientation, in-service training, and continuing education.

2327.5 All staff shall be trained in concepts of quality improvement and treatment outcomes.

2327.6 The staff development plan shall also include information about the content of training methods, trainers, length of specific training sessions and methods to assess its effectiveness.

2327.7 The staff development plan shall be revised at least annually.

2327.8 A substance abuse treatment facility or program shall provide and document

orientation for all staff and volunteers who have direct contact with patients within thirty (30) days of employment. Orientation shall include, but not be limited to:

(a) The program's approach to treatment, including philosophy, goals and methods;

(b) The staff member's specific job description and role in relationship to other staff;

(c) An emergency preparedness plan and all safety-related policies and procedures;

(d) The employee's rights (such as those affecting confidentiality), including a review of definitions of abuse and neglect;

(e) The procedures for involuntary civil detention, as applicable;

(f) The personnel policies and procedures;

(g) The proper documentation of services in individual treatment records, as applicable;

(h) Policies and procedures governing infection control, protecting against exposure to communicable diseases, and the use of universal precautions; and

(i) Laws and policies governing confidentiality of patient information and release of information.

2327.9 All clinical and/or professional substance abuse treatment facility or program staff shall participate in twenty (20) clock-hours of in-service training or continuing education, or both, per year, exclusive of required orientation, with at least ten (10) hours of continuing education provided by an outside source.

2327.10 The facility or program shall ensure that staff and patients have information on acquired immunodeficiency syndrome (AIDS) and that staff has completed basic training in HIV/AIDS education as determined by the Department.

2327.11 All training activities shall be documented and maintained on-site, to include the training topic, name of instructor, date of activity, duration, skills targeted, objective of skill, lists of attendees, certification continuing education units (if any) and location.

2327.12 Qualified staff in adequate numbers shall be available to perform required program services to all individuals admitted to the program, including but not limited to qualified staff to address the language and special needs of patients, i.e. American Sign Language. Women's programs shall have female staff in attendance at all times when patients are present.

2327.13 Staff shall adhere to ethical standards of behavior in their relationships with patients as follows:

(a) Staff shall maintain an objective, professional relationship with patients at all times;

(b) Staff shall not enter dual or conflicting relationships with individuals that might affect professional judgment, therapeutic relationships, or increase the risk of exploitation; and

(c) The facility shall establish written policies and procedures regarding staff relationships with both current and former patients.

2328 ADMINISTRATIVE SERVICES: HUMAN RESOURCES − CLINICAL SUPERVISION AND CREDENTIALING STANDARDS

2328.1 Supervision shall be provided to all staff consistent with their job functions and responsibilities.

2328.2 All staff providing services shall receive supervision in accordance with the facility's or program's written policy that shall require at a minimum:

(a) Supervision of registered addiction counselors and community support workers such as face-to-face discussion of an individual's rehabilitation, co-therapy or observation of staff performance, case staffing, review of written documentation, and consultation on an as needed basis to resolve staff questions or concerns;

(b) Supervision of community support workers by addiction counselors; and

(c) Performance appraisals completed at least annually.

2328.3 Individual and group addiction counseling services shall be provided by the following:

(a) A licensed professional counselor, licensed psychologist, licensed individual clinical social worker (LICSW), licensed psychiatric or chemical dependency nurse, or physician licensed in the District who has at least one (1) year of full-time experience in the treatment or rehabilitation of substance abuse; or,

(b) An addiction counselor with credentials consistent with the District of Columbia Health Occupations Revision Act of 1985, as amended, effective March 25, 1986 (D.C. Law 6-99; D.C. Code § 2-3301 et seq.).

2328.4 All addiction counselor functions shall be performed pursuant to a supervisor's control, oversight, guidance and full professional responsibility. A supervisory counselor or other professional staff shall review and countersign all counseling documentation in the records made by the subordinate staff.

2328.5 A licensed professional, as specified in section 2328.3 (a), shall countersign the following documentation: assessments, rehabilitation plans, updates, continuing care plans, aftercare plans, and discharge summaries.

2329 ADMINISTRATIVE SERVICES − PATIENT RIGHTS AND PRIVILEGES

2329.1 A substance abuse treatment facility or program shall protect the following rights and privileges of each patient, without limitation:

(a) To be admitted and receive services in accordance with the Human Rights Act of 1977, effective December 13, 1977 (D.C. Law 2-38; D.C. Code § 2501 et seq.);

(b) To receive prompt evaluation, care and treatment, in accordance with the highest quality standards;

(c) To be evaluated and cared for in the least restrictive environment;

(d) To have the rehabilitation plan explained and to receive a copy of it;

(e) To have records kept confidential;

(f) To be treated with respect and dignity as a human being in a humane treatment environment that affords protection from harm, appropriate privacy, and freedom from verbal, physical, or psychological abuse;

(g) To be paid commensurate wages for work performed in the program which is unrelated to the patient's treatment, in compliance with applicable local or federal requirements;

(h) To refuse treatment and or medication;

(i) To provide consent for all voluntary treatment and services;

(j) To refuse to participate in experimentation without the informed, voluntary, written consent of the patient or a person legally authorized to act on behalf of the patient; the right to protection associated with such participation; and the right and opportunity to revoke such consent;

(k) To be informed, in advance, of charges for services;

(l) To have the same legal rights and responsibilities as any other citizen, unless otherwise stated by law;

(m) To request and receive documentation on the performance track record of a program with regard to treatment outcomes and success rates;

(n) To assert grievances with respect to infringement of these rights, including the right to have such grievances considered in a fair, timely, and impartial

manner;

(o) To receive written and verbal information on patient rights, privileges, program rules, and grievance procedures in a language understandable to the patient.

(p) To receive services that incorporate cultural competence providing, at a minimum, access to sign language/TTI for the deaf or hearing impaired and language services for the monolingual or limited English speaking consumer.

2329.2 The facility or program shall have policies and procedures on rights and privileges of each patient, with limitations. The following rights and privileges may be limited on an individual basis after an administrative review with clinical justification documented in the record:

(a) To have access to one's own record; and

(b) To be free from chemical or physical restraint or seclusion.

2329.3 Any limitation of a patient's rights shall be re-evaluated at each rehabilitation plan review, or as often as clinically necessary.

2329.4 As soon as clinically feasible, the limitation of a patient's rights shall be terminated and all rights restored.

2329.5 A substance abuse treatment facility or program shall post conspicuously a statement of patient rights, program rules and grievance procedures. The grievance procedures must inform patients that they may report any violations of their rights to the Department and shall include the telephone numbers of the Department, and any other relevant agencies for the purpose of filing complaints.

2329.6 At the time of admission to a facility or program, staff shall explain and document the explanation of program rules, patient rights, and grievance procedures by use of a form signed by the patient and witnessed by the staff person, to be placed in the patient’s record.

2329.7 A substance abuse treatment facility or program shall implement policies and procedures for the release of identifying information consistent with District laws and regulations regarding the confidentiality of patient records and "Confidentiality of Alcohol and Drug Abuse Patient Records" 42 CFR, Part 2.

2329.8 A substance abuse treatment facility or program shall develop and implement written grievance procedures to ensure a prompt, impartial review of any alleged or apparent incident of violation of rights or confidentiality. The procedures shall be consistent with the principles of
due process and shall include but not be limited to:

(a) The completion of the investigation of any allegation or incident within thirty (30) calendar days;

(b) Providing a copy of the investigation report to the Department within twenty-four (24) hours of completing the investigation of any complaint; and

(c) Cooperating with the Department in completion of any inquiries related to patients' rights conducted by Department staff.

2330 SERVICES AND SUPPORTS – UNUSUAL INCIDENTS, AND INVESTIGATIONS

2330.1 A substance abuse treatment facility or program shall develop and implement written policies and practices related to individual abuse, neglect, and unusual incidents to insure prompt reporting and a prompt, impartial investigation and review.

2330.2 A substance abuse facility or program shall provide written notice to the Department of any unusual incident which results in physical injury or death, within twenty-four (24) hours of the incident or within twenty-four (24) hours of the program director becoming aware of the incident.

2330.3 Suspicious or unusual incidents include, but are not limited to, the following apparent or alleged incidents involving patients, staff and/or visitors, occurring on or off site during program operating hours and/or while the staff person was on official duty and the patient was participating in a supervised aspect of the program:

(a) Unexplained or suspicious physical injury or any death of a patient, visitor or staff;

(b) Apparent or alleged physical abuse or neglect, which results in physical injury or would have resulted in injury or death; or

(c) Apparent or alleged sexual assault or abuse.

2330.4 A substance abuse treatment facility or program shall maintain in a secure file, copies of all complaints, unusual incident reports, investigation findings, and actions taken, with a separate file for those that may be of a criminal nature. These records shall be readily available for review by the Department.

2330.5 An apparent or alleged incident of abuse or neglect involving a minor under the age of eighteen (18), including reporting of abuse or neglect of minors by parents, guardians or others, shall be immediately reported to the District of Columbia Metropolitan Police Department and to the Child Protective Services Division of the Department of Human Services.

2330.6 A substance abuse treatment facility or program shall immediately notify the parent or legal guardian of any incident involving a minor under the age of eighteen (18). If the parent or legal guardian is suspected of being the alleged perpetrator, the facility shall exercise clinical judgment when informing the parent or guardian that the provider initiated the report in accordance with the Prevention of Child Abuse and Neglect Act of 1977, effective September 23, 1977 (D.C. Law 2-22; D.C. Code §2-1351 et seq.).

2330.7 The procedures of a substance abuse treatment facility or program shall specify the

methods of investigation and review of unusual incidents, including identification of staff responsible for conducting the investigation. The policies, procedures and practices shall include, but are not limited to the following:

(a) A written submission to the Department of all incidents under investigation involving abuse, sexual assault, neglect, injury, death, or any other incident alleged to be of a criminal nature or that threatens the health and safety of patients and/or staff;

(b) A provision that if the safety of an individual is threatened as, determined by the facility's or program's director, the alleged perpetrator shall not work directly with patients until the investigation is completed;

(c) A requirement that an investigation conducted by a substance abuse treatment facility or program shall be initiated within twenty-four (24) hours of reporting of the incident and shall be completed within ten (10) calendar days;

(d) A provision that the Department may grant an additional ten (10) day extension to a facility or program upon receiving a written request for an extension of time within which to complete an investigation;

(e) A provision that within twenty-four (24) hours of receiving a request for any extension, the Department shall either concur with the extension or request that the investigation be completed within a shorter timeframe.

2330.8 The facility or program shall submit written findings of the investigation to the Department within twenty-four (24) hours of completing the investigation**.**

2330.9 The facility or program shall review the investigation findings and take appropriate action, including steps to reduce the likelihood of further recurrences of such incidents.

2330.10 The facility or program shall cooperate with the Department in the completion of investigations conducted by Department staff.

2331 SERVICES AND SUPPORTS − LEVELS OF PATIENT CARE STANDARDS

2331.1 A substance abuse treatment facility or program shall develop and implement generally accepted assessment, placement, continuing care, and discharge criteria, such as those provided by the American Society of Addiction Medicine (ASAM) and the Level of Care Utilization System for psychiatric and addiction services (LOCUS).

2331.2 A substance abuse treatment facility or program shall develop and implement a service delivery model that includes one or any combination of three (3) levels of treatment and rehabilitation and which outlines in descriptive terms admission criteria established for each level.

2331.3 A facility or program shall develop and implement a written plan for referring admitted patient, whose status change while in treatment, to other programs

providing different levels of care based on the patients needs. The plan shall include but be limited to affiliation or other agreements, transportation arrangements, and communications to facilitate referrals and share information as necessary, in accordance with District and federal laws and regulations governing confidentiality. This plan shall be in addition to the referral requirements specified in section 2335.9.

2331.4 A facility or program seeking reimbursement shall comply with Medicaid regulations or other funding sources criteria for reimbursement.

2331.5 A facility's or program's intake and assessment unit may authorize a patient to enter treatment provided the facility or program offers the level of care indicated by the assessment, based on the patient's severity of illness, previous treatment history, and other critical indicators.

2331.6 A facility or program shall be categorized by modality in one of the following levels of care based on the described intensity of service:

(a) **Level III (Sub-Acute Non-Hospital Medically Monitored Detoxification, Non-Hospital Residential Treatment Programs, Day Treatment/Partial Hospitalization Programs)** − This is the most structured and intensive service delivery option in the Rehabilitation Program. Programs falling into three major groups are included here: (1) medically monitored non-hospital in-patient programs with ready access to medical, psychiatric and laboratory services, (2) clinically monitored residential treatment programs with accessibility to medical, psychiatric and laboratory services, but through a more distant relationship, and (3) medically monitored outpatient day treatment programs providing 20 or more hours of structured programming per week, with ready access to psychiatric, medical and laboratory services. Patients admitted to group 3 reside in an overnight environment where access to alcohol and other drugs is controlled, such as a supervised home environment, jail, nursing home or other licensed health care facility. Special attention will be given to assessment of an individual's need for housing and supervision;

(b) **Level II (Intensive Outpatient) –** This less restrictive level offers a therapeutic milieu consisting of regularly scheduled sessions for a minimum of nine (9) hours a week in a structured program, which provides patients with the opportunity to remain in their own living environment. It addresses functional impairments as they relate to substance abuse in individuals not in crisis; and

(c) **Level I (Basic Outpatient)** − This is the least intensive, least restrictive level of care. It offers non-residential services totaling fewer than 9 hours a week. It offers directed treatment and recovery services that address major lifestyle, attitudinal, and behavioral issues that can undermine treatment goals and inhibit a patient’s ability to cope with major life tasks, without abusing psychoactive substances. This level of care assists the patient in sustaining treatment gains, and emphasizes personal growth issues such as vocational rehabilitation and relapse prevention methods. Most outpatient abstinence and

narcotic treatment programs fall into this level of care.

2331.6 Admission to Level III treatment shall be based on an assessment of the individual's condition, which indicates that the individual's condition meets at least three (3) of the following criteria within six (6) dimensions:

(a) Dimension 1. – Acute Intoxication, and/or Withdrawal Potential/Acute Mental Decompensation: Individual displays severe intoxication and/or withdrawal risk (non-life threatening), or a strong potential for risk to self or others if condition deteriorates.

(b) Dimension 2. – Biomedical Condition, Co-Morbidity and Complications: Individual's medical condition may be seriously

exacerbated by substance abuse and/or mental illness; requires medical monitoring but not intensive treatment.

(c) Dimension 3. – Emotional/Behavioral Condition and Functional Status: Individual displays moderate to severe symptomatic distress, or impairment in functioning or behavior, with potential to distract from treatment or recovery, requiring monitoring in a structured setting which may or may not be twenty-four (24) hours.

(d) Dimension 4. – Treatment Acceptance/Resistance: Individual needs intensive motivating strategies and highly structured programs. May display destructive and inaccessible attitude.

(e) Dimension 5. – Relapse/Regression Potential: Individual is unable to maintain control of symptoms despite active participation in less intensive care or situational crisis.

(f) Dimension 6. – Recovery Environment: Necessitates removal of individual from dangerous recovery environment that may also be highly to extremely stressful with minimal to no supportive network.

2331.7 Admission to Level II rehabilitation level of service shall be based on an assessment of the individual's condition, which indicates that the individual's condition is no more severe than the following criteria for Dimensions 1, 2, and 3 and matches at least two (2) of the following criteria for Dimensions 4, 5 or 6:

(a) Dimension 1 - Acute Intoxication, and/or Withdrawal Potential/Acute Mental Decompensation: Individual displays minimal withdrawal risk and/or moderate to serious potential for dangerousness.

(b) Dimension 2. – Biomedical Condition, Co-Morbidity and Complications: Individual's condition indicates that no biomedical condition exist or individual's condition is significant enough to require management in a Level II setting but is not distracting from addictions and/or mental health treatment.

(c) Dimension 3. – Emotional/Behavioral Condition and Functional Status:

Individual displays mild to moderate symptomatic distress or impairment in functioning or behavior, which threatens the ability to live in the community and/or has the potential to distract from treatment or recovery.

(d) Dimension 4. – Treatment Acceptance/Resistance: Individual displays obstructive attitude and engagement resistance high enough to require structured program.

(e) Dimension 5. – Relapse/Regression Potential: Individual's past history or current symptomatology indicates likely deterioration/relapse without structured program with close monitoring and support.

(f) Dimension 6. – Recovery Environment: Individual lives in a moderately stressful environment with a limited support network, but with structure or support, the individual can cope.

2331.8 Admission to the Level I treatment shall be based on an assessment of the individual's condition, which indicates that the individual's condition meets at least five (5) of the following criteria within six (6) dimensions:

(a) Dimension 1 - Acute Intoxication, and/or Withdrawal Potential/Acute Mental Decompensation: Individual displays no withdrawal risk and /or minimal to low potential for dangerousness.

(b) Dimension 2. – Biomedical Condition, Co-Morbidity and Complications: Individual's condition indicates that no biomedical condition exist, stable or manageable with minimal indication of adverse affects on substance abuse or mental health treatment.

(c) Dimension 3. – Emotional/Behavioral Condition and Functional Status: Individual does not displays any emotional/behavior condition, minimal or mild symptomatic distress or impairment in functioning or behavior.

(d) Dimension 4. – Treatment Acceptance/Resistance: Individual displays optimal/constructive attitude and engagement but needs motivating and monitoring strategies.

(e) Dimension 5. – Relapse/Regression Potential: Individual is able to maintain community functioning with minimal support; has a history of positive treatment outcomes; and is able to maintain abstinence and/or medication regimen.

(f) Dimension 6. – Recovery Environment: Individual lives in a low to mildly stressful/supportive environment and has coping skills.

2332 SERVICES AND SUPPORTS: PATIENT INTAKE AND SCREENING STANDARDS

2332.1 A substance abuse treatment facility or program shall collect sufficient information on an individual seeking treatment to establish a patient profile for purposes of:

(a) Triaging patients based on presenting status;

(b) Establishing a baseline against which treatment outcomes will be measured; and

(c) Analyzing aggregate data on individuals seeking treatment for addiction in the District of Columbia.

2332.2 Facilities and programs shall transmit electronically to the Department utilization and profile data and epidemiological and other studies for reporting requirements consistent with this chapter.

2332.3 The Department shall provide to the facility or program information on minimum data sets, method of transmission, and reporting frequency.

2332.4 The Department may require facilities and programs to use standardized tools based on national criteria for the collection of intake and screening information.

2332.5 A substance abuse treatment facility or program shall comply with the following standards for conducting intake and screening:

(a) Identify staff responsible for intake and screening functions by title, functional description of duties, qualifications and orientation requirements;

(b) Provide intake and screening within 24 hours of an individual's request for services by telephone or in a face-to-face interview. Providers must maintain individual and aggregate data to demonstrate compliance with this standard;

(c) Provide intake and screening staff with emergency clinical consultation capability as necessary;

(d) Refer individual based on critical need to nurse or other skilled clinician for expedited in-depth assessment and level of care placement decision;

(e) Accept for admission only individuals whose service needs are consistent with the program description;

(f) Establish referral procedures for those individuals screened ineligible or inappropriate for admission to the level(s) of care available within the program or facility if:

(1) The individual does not need addiction treatment; or

(2) Requires acute medical detoxification services, other medical services, or psychiatric services; and

(g) Document the individual's refusal or acceptance of a referral for services, and the individual's arrival at referral site by facilitating transport of patient to referral site as necessary.

2333 SERVICES AND SUPPORTS: MINIMUM DATA REQUIREMENTS FOR INTAKE AND SCREENING

2333.1 To determine eligibility for substance abuse treatment, and to ensure compliance with section 2332.1, an addiction counselor or trained paraprofessional shall collect intake/screening information from the individual as follows:

(a) Demographic information including but not limited to photo I.D, primary language, name, age, address, living arrangements, social security number, race/ethnicity, source of referral, sex and sexual orientation, marital status, religion, education/training, employment status, emergency contact, military status, disability status, type of health insurance, and criminal justice involvement;

(b) The presenting problem including a statement of the circumstances or symptoms prompting the individual to seek services at this time;

(c) Existing personal support systems;

(d) Self-reported history of prior medical hospitalizations, substance abuse and psychiatric treatment episodes;

(e) Self-reported history of chronic medical problems affecting daily life, name and telephone number of primary care physician, and voluntary reporting of the status of HIV testing and results;

(f) Report of alcohol and/or drug consumption and quantity, type of drug, route of administration, and frequency in last 30 days;

(g) Record of prior treatment for emotional problems and current mental health status as observed and self-reported, particularly as it relates to current level of danger to self or others; and

(h) Diagnostic summary of interviewer's impressions and observations.

2334 SERVICES AND SUPPORTS: PATIENT ASSESSMENT AND PLACEMENT CRITERIA

2334.1 To determine placement of an applicant in the appropriate level of care in a substance abuse treatment facility or program, qualified program staff shall complete a comprehensive assessment that establishes the condition of the applicant within each of the six dimensions presented in section 2331 LEVEL OF CARE STANDARDS. The assessment shall address:

(a) Current medical, substance abuse, and mental status, including a complete physical or documentation of complete physical examination within the past six months. Even if documentation is available from a prior physical, assessment of patient's current condition shall be sufficient to rule out the need for admission to Level III care, based on criteria presented in section 2331.6;

(b) Evaluation of medical needs and physical health, including nutritional needs, current medications, ability to take medications as prescribed, medication allergies, chronic and current medical problems, history of medical conditions and treatment;

(c) Substance abuse assessment that includes present and historical use patterns by type of substance, including alcohol, indicating frequency of use, quantity used, and route of use; current pattern and history of alcohol use, drug use, and mental illness among immediate and distant family members; history of treatment to include when, where and whether or not the treatment was court-ordered; current status of involvement in AA/NA to include for how long and on what frequency; and, the degree of importance that the applicant places on receiving treatment now;

(d) The substance abuse assessment shall also include information on prior substance abuse if available that identifies the place, date, length of stay, response to treatment, and factors contributing to relapse; history of suicide or homicide attempts and whether they occurred while under the influence; history of aggressive behavior; and/or history of injurious actions to others;

(e) Mental health assessment to minimally include current and historical information on condition and prior treatment related to the type of problem; the presence of hallucinations, delusional thoughts, anxiety, memory loss, poor sleep patterns, loss of appetite, poor personal care habits, depression, suicidal or homicidal thoughts or attempts, violent behavior; and the relationship of these things to the applicant's use or abuse of alcohol and/or drugs; current pattern and history of alcohol and/or drug use, and mental illness among immediate and distant family members. In the event that the applicant appears to have considerable mental illness, a licensed psychiatric social worker, licensed psychiatric nurse, licensed psychologist or psychiatrist shall be available to complete the assessment;

(f) Employment status and history; impact of addiction on work history; training and education level achieved; importance to individual of receiving counseling to address employment problems;

(g) Physical examination;

(h) History and current status of family and social relations including relationship to others in household, satisfaction status of current living arrangements, number of dependent children, history of lost custody, information on status of current foster care cases, impact of custodial children or other dependents on complying with treatment requirements, impact of addiction on financial status, history of emotional, physical and/or sexual abuse, alcohol/drug use habits of others in household;

(i) Legal issues and their impact on treatment to include present or past criminal justice involvement due to alcohol or drug use, or for other reasons; current probation/parole/trial/sentencing status; whether or not applicant was referred

for treatment by the criminal justice system;

(j) Complete financial assessment and determination of financial status with payment arrangements for receiving treatment; and

(k) Current use of community resources.

2334.2 In the event that the applicant is intoxicated, severely impaired by drugs, or is experiencing mental decompensation at the time of the assessment, sufficient information shall be collected to support admission to an appropriate level of care, with a full assessment to be completed within ten (10) days after admission or no later than two (2) days prior to discharge if the length of stay is projected to be less than ten (10) days.

2334.3 An interdisciplinary team shall participate in reviewing and completing the pre-admission comprehensive assessment for the purpose of formulating a preliminary diagnosis, making a level of care placement decision, and developing a preliminary rehabilitation service plan for a patient.

2334.4 An interdisciplinary team shall consist of an addiction counselor and one or more of the following: a Licensed Independent Clinical Social Worker (LICSW), a licensed nurse practitioner or a registered nurse with a specialty in psychiatry or chemical dependency, a licensed psychologist, or a licensed physician.

2334.5 A final diagnostic formulation shall be made by the interdisciplinary team using the most recent edition of the American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders (DSM) including diagnosis, degree of severity for dependency, and a review of substance use patterns, within five (5) calendar days after admission.

2334.6 Input from the interdisciplinary team members shall be used to make specific recommendations for further evaluation, continuing care, and specific services based on the completed assessment, diagnosis and team intervention.

2334.7 The facility or program shall have written policies and procedures governing patient assessments, placement, referral, and orientation and shall include but is not limited to:

(a) Staff designated to conduct assessments and make placement decisions;

(b) Protocol for crisis triage and intervention; and

(c) Protocol for referral and follow up.

2335 SERVICES AND SUPPORTS: PATIENT REHABILITATION PLAN AND REVIEW STANDARDS

2335.1 If admitted, the rehabilitation plan shall be developed for each patient by the interdisciplinary team based on the comprehensive assessment within ten (10) days

of the admission, unless the patient is admitted to a non-hospital detoxification program where the length of stay is expected to be less than ten (10) days. Patients shall receive necessary treatment and rehabilitation services during the assessment process.

2335.2 For patients admitted to a Level III detoxification unit the rehabilitation plan for the detoxification stay shall be developed for each patient by the interdisciplinary team within seventy-two (72) hours of admission. Continuing care plans for post-discharge rehabilitation services shall be written as part of the discharge summary in accordance with sections 2350 and 2352.

2335.3 The patient shall participate in the development of the rehabilitation plan and shall sign and date the plan.

2335.4 The individualized rehabilitation plan shall be recorded in a standardized format utilized by the facility or program and shall include, at a minimum, the following information:

(a) Diagnosis;

(b) Criteria for discharge from the program based on completion of the established course of treatment, and/or transfer to a less intensive/restrictive level of service;

(c) A list of any agencies currently providing services to the individual and family including the type(s) of service and date(s) of initiation of those services;

(d) A list of needs and strengths;

(e) Specific individualized, behaviorally stated goals for each patient;

(f) The treatment regimen, including specific services and activities that will be used to meet the treatment and rehabilitation goals;

(g) An expected schedule for service delivery, including the expected frequency and duration of each type of planned service encounter;

(h) The name and title of personnel who will provide the services;

(i) The name and title of the primary care counselor and case manager;

(j) A description of the involvement of family members or significant others, where appropriate;

(k) The identification of specific patient responsibilities;

(l) The patient's level of services;

(m) The patient or legal guardian's signature on the plan; and

(n) Signatures of all interdisciplinary team members participating in the development of the rehabilitation plan.

2335.5 A program staff member shall be assigned to coordinate the development, implementation and required revision of the patient's individualized rehabilitation plan.

2335.6 A rehabilitation team, including but not limited to staff responsible for goals identified in the patient's rehabilitation plan, including at least one addictions counselor and the assigned case manager, shall meet and review the rehabilitation plan on a regular basis:

(a) At least every fifteen (15) days while the individual is in Level III if the length of stay is 30 days or less; or more frequently, if changes in the individual's functioning and/or rehabilitation activities occur before the end of the fifteen (15) day period;

(b) At least every thirty (30) days in Level III if the length of stay is more than 30 days and in Level II; or more frequently if changes in the individual's functioning and/or rehabilitation activities occur before the end of the thirty (30) day period; and

(c) At least every ninety (90) days while the individual is in Level I, or more frequently if changes in the functioning and/or rehabilitation activities occur before the end of the ninety (90) day period.

2335.7 Pursuant to section 2335.6, the rehabilitation team shall evaluate and document, in the patient's record, the patient's progress toward the treatment and rehabilitation goals, the appropriateness of the services being provided, and the need for the patient's continued participation in specific program levels and services.

2335.8 The interdisciplinary team shall conduct an annual assessment of any person receiving ongoing services during the previous twelve (12) months:

(a) The written annual assessment shall include:

(1) A summary of the initial presenting problem and the strengths and needs at the time of admission;

(2) A summary of the services delivered during the past year and the patient's response and progress;

(3) A description of the patient's current social, family, education, vocational, and legal status; personal support systems; use of community resources; emotional and behavioral status; and substance use patterns; and

(4) The identification of current needs and problems that may warrant continued service delivery.

(b) A revised rehabilitation plan shall be developed as part of the annual

assessment.

2335.9 The facility or program shall develop and implement written policies and procedures for referral activities not normally provided by the facility or program that shall, at a minimum:

(a) Establish protocol for referral and transfer of a patient from one program to another;

(b) Describe conditions under which referrals are made for ancillary and special services, including but not limited to psychological, psychiatric, medical, vocational, social services, legal services, educational and recreational services, and self-help and peer support groups;

(c) Establish procedures for obtaining patient consent for referral activities;

(d) Describe the methods to assist in the patient's follow through after a referral has been made;

(e) Establish continuing communication and coordination between providers;

(f) Require documentation in the patient's record of each referral made and the result of the referral;

(g) Support quality service delivery to patients who are dually diagnosed; and,

(h) Establish procedures for referral of persons ineligible or inappropriate for services to an appropriate facility or program, including but not limited to those persons who require acute medical detoxification services, medical services, or long term psychiatric services when the facility or program does not offer the level of care required for patients who are assessed as needing these services.

2336 SERVICES AND SUPPORTS − REHABILITATION SERVICES STANDARDS

2336.1 A substance abuse treatment facility or program shall provide services in accordance with the patient's rehabilitation plan.

2336.2 If a patient fails to appear at any scheduled program activity, the facility or program staff shall contact the individual to maintain active program participation. Efforts to contact the individual, the results of those efforts, and the response shall be documented in the record using standardized forms supplied by the Department.

2336.3 The facility or program staff shall initiate efforts to contact a patient who fails to appear for a scheduled program activity within 24 hours of the scheduled activity, unless circumstances indicate that an immediate effort to contact the individual should be made.

2336.4 Therapeutic recreational, vocational, and educational services shall be provided or

arranged, according to the patient's needs and desired outcomes from treatment.

2336.5 Staff of facilities and programs providing services to parents with children shall address therapeutic issues relative to parents as recommended by the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention PEP Guidelines: Preventing Substance Abuse among Children and Adolescents: Family Centered Approaches. See SPECIALTY SERVICE − ADDITIONAL STANDARDS FOR PROGRAMS SERVING PARENTS AND CHILDREN.

2336.6 Service needs of admitted patients that exceed the authority of the program's or facility's certification shall be arranged through referral, contract or affiliation agreement with another organization certified to provide the necessary service.

2336.7 The substance abuse treatment facility or program shall develop and implement service delivery policies and procedures that address at a minimum:

(a) The roles and responsibilities of service delivery staff in the implementation of a patient's rehabilitation plan with special attention to the relationship and functions of case manager and addiction counselors consistent with these standards;

(b) Mechanisms to ensure that services are delivered in accordance with the individualized rehabilitation plan; and

(c) Criteria for the involvement of assigned service delivery staff when a specific patient requests crisis assistance.

2337 SERVICES AND SUPPORTS − ON-SITE CRISIS INTERVENTION AND CLINICAL EMERGENCY STANDARDS

2337.1 The facility or program shall develop and implement a crisis intervention policy that includes a mechanism for obtaining urgent or emergency medical services if on-call physician back-up is not available during normal operating hours. This requirement does not apply to non-hospital detoxification facilities or programs since they are required to have twenty-four (24) hour medical staff coverage.

2337.2 The facility or program shall document in the patient's record the provision of crisis intervention services to include but not be limited to identification of the patient in crisis, the nature of the crisis, the resolution of the crisis, the disposition of the patient, and the follow-up plan, if applicable.

2337.3 The facility or program shall develop and implement written policies and procedures for prompt intervention in the event of patient medical and psychiatric emergencies that include:

(a) Definition of medical or psychiatric emergency;

(b) Procedures for immediate access to appropriate internal and external resources;

(c) Staff responsibilities;

(d) Location of client emergency medical information; and

(e) The telephone number and location of the nearest hospital, ambulance service, rescue squad or other trained medical personnel, the nearest poison control center and the police.

2337.4 A facility or program shall have immediate access to emergency medical information about a patient that shall include but is not limited to:

(a) The name, address, and telephone number of the patient's physician, if available;

(b) The name, address and telephone number of the patient's relative or other person to be notified;

(c) Medical insurance company name and policy or Medicaid, Medicare or CHAMPUS number, if any; and

(d) Information concerning medications used, medication and food allergies, history of substance abuse, and significant medical problems.

2337.5 Medical or psychiatric emergencies which occur on-site during the course of service provision shall be documented in the patient's record and shall include but not be limited to events precipitating the emergency, the nature of the emergency, treatment received, the disposition of the patient, and the follow-up plan, if applicable.

2338 SERVICES AND SUPPORTS – OFF-SITE, OFF-HOURS CRISIS INTERVENTION STANDARDS

2338.1 A substance abuse treatment facility or program shall provide for its patients a twenty-four (24) hour per day, seven (7) day per week on-call system for crisis intervention counseling, and referral to appropriate emergency substance abuse treatment resources.

2338.2 A substance abuse treatment facility or program shall have a written plan for - a crisis intervention on-call telephone communication system for patients to access in the event of a crisis during hours when the facility or program is not operational.

2338.3 A substance abuse treatment facility's or program's crisis intervention on-call system shall provide off-hour patient linkage to a licensed and/or certified care provider, preferably someone with whom the patient has some interaction during his/her normal course of treatment.

2338.4 Upon admission, a patient shall be given the emergency on-call telephone number, and shall receive orientation and written instructions on how to access the on-call crisis intervention system.

2338.5 Qualified individuals staffing the on-call crisis intervention system shall:

(a) Facilitate admission to an appropriate program or facility on an emergency referral basis, if indicated; and

(b) Have the ability to conduct face-to-face crisis intervention with the individual at a pre-designated location when indicated.

2338.6 The facility or program shall have affiliation agreements with other service providers to accept patients in crisis, for services not directly provided by the program or facility, or for access to a facility during off-hours for crisis management, if necessary.

2338.7 The facility or program shall document in the patient's record any activity related to off-hours interventions on the next day of operation of the facility or program, subsequent to the event. The documentation of the crisis intervention shall include but is not limited to the nature of the crisis, the location of the intervention, the resolution of the crisis, the disposition of the patient, and the follow-up plan. The patient's primary addiction counselor shall also be notified.

2339 SERVICES AND SUPPORTS − CORE SERVICE REQUIREMENTS

2339.1 A substance abuse treatment facility or program shall provide at a minimum the following consumer-centered core services on-site, either directly or through consultant/contract agreement, in such a manner as to ensure seamless care:

(a) Intake services as specified in SERVICES AND SUPPORTS − INTAKE AND SCREENING, except intake services provided by the Department as a condition of a contract or grant agreement or as required by District law;

(b) Individual assessment and placement services as specified in SERVICES AND SUPPORTS – PATIENT ASSESSMENT AND PLACEMENT Criteria. In the event that the Department provides the preliminary assessment and makes the placement decision as a condition of a contract or grant agreement or as required by District law, the facility or program shall be responsible for establishing an interdisciplinary team to complete any incomplete assessments in the time periods specified in SERVICES AND SUPPORTS – PATIENT ASSESSMENT AND PLACEMENT CRITERIA;

(c) Treatment/Rehabilitation planning;

(d) Clinical case management;

(e) Individual and group addiction counseling;

(f) Individual and group psychotherapy as specified in the patient's rehabilitation plan;

(g) Family therapy as specified in the rehabilitation plan;

(h) Group education;

(i) Therapeutic assistant services for residential treatment facilities or programs;

(j) Registered/licensed nursing services as applicable to the level of care provided;

(k) Medical services on a frequency and accessibility level appropriate for the level and modality of care provided;

(l) Drug screening and other laboratory services; and

(m) Discharge and aftercare planning services.

2339.2 Non-hospital residential and non-hospital detoxification facilities providing substance abuse treatment shall operate twenty-four (24) hours a day, seven (7) days a week.

2339.3 A substance abuse treatment facility or program including a narcotic treatment program shall provide services seven (7) days per week, with hours of operation that are convenient to the population served, including evenings and weekend hours.

2339.4 A substance abuse treatment facility or program shall maintain hours of operation during daytime and evening hours that are consistent with the needs and schedules of the individuals it serves. Evening is defined as beginning at 6:00 p.m. for purposes of this chapter.

2339.5 A substance abuse treatment facility or program shall provide a minimum of twelve (12) hours of services per day, Monday through Friday, and a minimum of three (3) hours of services on weekends and holidays.

2339.6 A substance abuse treatment facility or program may request an exemption from the twelve hours of service per day requirement in section 2339.5 and the seven (7) days per week requirement in section 2339.3. In approving an exemption, the Department shall give special consideration to requests from facilities or programs that provide non-residential Level I or Level II care.

2339.7 If the Department approves an exemption of section 2339.5, a substance abuse treatment facility or program shall offer a minimum of eight (8) hours of services per day, Monday through Friday.

2339.8 A substance abuse treatment facility or program shall be structured to accommodate a regular admission schedule for services Monday through Friday. A facility or program with weekend and holiday hours of operation shall have a system in place to admit individuals in crisis during weekends and holidays.

2339.9 A substance abuse treatment facility or program shall implement written policies that ensure access to transportation for scheduled services provided outside of the facility for patients in need. The facility shall provide or arrange for transportation

to individuals in need as deemed clinically and programmatically necessary to obtain services specified in the individual rehabilitation plan.

2339.10 A substance abuse treatment facility or program specifically serving parents with dependent children shall provide or arrange for therapeutic childcare or provide on-site short-term child care for parents participating in treatment and rehabilitation activities deemed clinically and programmatically necessary to obtain services consistent with the patient's rehabilitation plan, and shall address the contribution of a parent's substance abuse to the child's development and wellness.

2339.11 The facility or program director of a facility or program specifically serving parents with dependent children shall provide or assist in locating and obtaining private or public therapeutic childcare services as well as the resources to pay therapeutic childcare expenses, or shall provide on-site short-term childcare. All therapeutic childcare programs shall be licensed in accordance with Chapter 3 of Title 29 of the District of Columbia Municipal Regulations (29 DCMR 3).

2340 SERVICES AND SUPPORTS: STANDARDS FOR CORE REQUIREMENTS − INDIVIDUAL ADDICTION COUNSELING

2340.1 Individual addiction counseling may include face-to-face interaction with a patient for the purpose of assessment or supporting the patient's recovery.

2340.2 Key service functions of individual addiction counseling include, but are not limited to:

(a) Exploration of an identified problem and its impact on individual functioning;

(b) Examination of attitudes and feelings;

(c) Identification and consideration of alternatives and structured problem-solving;

(d) Decision-making; and

(e) Application of information presented in the substance abuse treatment facility or program to the individual's life situations in order to promote recovery and improve functioning.

2340.3 Only an individual trained to provide addiction-focused therapies shall perform addiction counseling.

2341 SERVICES AND SUPPORTS: STANDARDS FOR CORE REQUIREMENTS − GROUP ADDICTION COUNSELING

2341.1 Key service functions of group counseling shall include, but are not limited to:

(a) Facilitating individual disclosure of issues that permits generalization of the issue to the larger group;

(b) Promoting positive help-seeking and supportive behaviors;

(c) Encouraging and modeling productive and positive interpersonal communication; and

(d) Developing motivation and action by group members through peer pressure, structured confrontation, and constructive feedback.

2341.2 Only an individual trained to provide addiction-focused therapies shall provide group-counseling services.

2341.3 The usual and customary size of group counseling sessions shall not exceed fifteen (15) persons per group facilitator in order to promote participation, disclosure and feedback.

2342 SERVICES AND SUPPORTS: STANDARDS FOR CORE REQUIREMENTS − INDIVIDUAL PSYCHOTHERAPY

2342.1 Individual psychotherapy shall only be performed by either a:

(a) Licensed board certified psychiatrist;

(b) Licensed psychologist;

(c) Licensed psychiatric nurse or nurse practitioner;

(d) Licensed individual clinical social worker; and/or

(e) Licensed professional with specific training in psychotherapy.

2342.2 Only a child specialist shall provide psychotherapy to children under the age of 13 years.

2343 SERVICES AND SUPPORTS: STANDARDS FOR CORE REQUIREMENTS − FAMILY THERAPY

2343.1 Family therapy is defined as planned, goal-oriented therapeutic interaction of a qualified individual with the patient and/or one or more members of the patient's family in order to address and resolve the family system's dysfunction as it relates to the patient's substance abuse problem in accordance with the patient's rehabilitation plan. An individual living in the same household with the patient who has a significant relationship with the patient, may be considered a family member.

2343.2 At least one (1) of the participating family members shall be age five (5) or older in order to qualify for family therapy service.

2343.3 At least one (1) family member who participates in therapy sessions shall agree to activities he or she will do if patient relapses.

2343.4 Family therapy may be provided in the facility, program or home setting.

2343.5 Key service functions of family therapy may include, but are not limited to:

(a) Utilization of generally accepted principles of family therapy to influence the family;

(b) Examination of family interaction styles and identifying patterns of behavior;

(c) Development of a need or motivation for change in family members;

(d) Development and application of skills and strategies for improvement in family functioning;

(e) Identification and treatment of domestic violence and child abuse and neglect; and

(f) Generalization and stabilization of change through insight, structure and enhanced skills to promote healthy family interaction independent of formal helping systems.

2343.6 Family therapy shall be performed by a person who:

(a) Is certified by the American Association of Marriage and Family Therapists; or

(b) Is a licensed clinical social worker and has one (1) year of supervised experience in family counseling or specializes in family counseling; or

(c) Has a master's degree in psychology or counseling and one (1) year supervised experience in family counseling or specializes in family counseling.

2344 SERVICES AND SUPPORTS: STANDARDS FOR CORE REQUIREMENTS – CLINICAL CASE MANAGEMENT SERVICES

2344.1 Clinical case management services shall be provided to include but is not limited to:

(a) Identification of all types of services necessary to preserve or improve functional status in the community;

(b) Coordinating off-site services related to mental health and medical treatment, housing, legal, transportation, education, employment, vocational rehabilitation, child care, financial assistance, and other social services; and

(c) Monitoring the patient's compliance with on and off-site appointments, and monitoring the patient's level of participation in activities defined in the rehabilitation plan as necessary to achieve specified outcomes.

2344.2 Additional key service functions of clinical case management in the substance abuse treatment facility or program include:

(a) Participation by the case manager in the interdisciplinary team meetings in order to identify strengths and needs related to developing and updating the rehabilitation plan;

(b) Attending periodic meetings with designated team members and the patient in order to review and update monitoring activities and the rehabilitation plan;

(c) Participation in the annual assessment;

(d) Advocating for the quality of services to which the individual is entitled;

(e) Monitoring service delivery by providers' external to the substance abuse treatment facility or program and ensuring communication and coordination of services;

(f) Contacting individuals who have unexcused absences from program appointments or from other critical off-site service appointments, in order to re-engage the person and promote recovery efforts;

(g) Locating and coordinating services and resources to resolve a patient's crisis;

(h) Providing experiential training to patients in life skills and resource acquisition;

(i) Providing information and education to a patient in accordance with the rehabilitation plan; and

(j) Planning for discharge.

2345 SERVICES AND SUPPORTS: STANDARDS FOR CORE REQUIREMENTS – CLINICAL CASE MANAGER QUALIFICATIONS AND SUPERVISION

2345.1 Clinical case management services shall be provided by a person who:

(a) Has a bachelor's degree from an accredited college or university in social work, counseling, psychology or closely related field; or

(b) Has at least four (4) years of relevant, qualifying full time equivalent experience in human service delivery and demonstrates skills in developing positive and productive community relationships, and the ability to negotiate complex service systems to obtain needed services and resources for individuals.

2345.2 An individual with the following credentials shall supervise a case manager:

(a) A Licensed Individual Clinical Social Worker (LICSW); or

(b) A registered nurse, certified in chemical dependency; or

(c) A supervisory certified addiction counselor (CAC); or

(d) An individual with a Bachelor's degree from an accredited college or university in social work, counseling, psychology, or a closely related field, and at least two (2) full years of experience in providing clinical case management services.

2345.3 Addiction counseling shall not be considered a case management service or activity. Individuals performing both addiction counseling and case management as part of his/her normal duties shall maintain records that clearly document separate time spent on each of these functions, such as, work logs, encounter reports, and documentation in the patients' records.

2345.4 Clinical case management shall be provided to all patients in a substance abuse treatment facility or program unless specific documentation is entered in the record to indicate that such services are not indicated.

2345.5 A substance abuse treatment facility or program shall have designated case management staff, except as described in section 2345.3 and provide for continuity of caseload assignment throughout an individual's participation in the facility or program.

2345.6 The case manager shall document the services delivered in the patient's record and legibly sign each entry.

2345.7 The case manager's supervisor shall provide regular case and chart review, meet face-to-face, and co-sign chart entries at least monthly to indicate compliance with rehabilitation plan.

2346 SERVICES AND SUPPORTS: STANDARDS FOR CORE REQUIREMENTS − GROUP EDUCATION

2346.1 Key service functions of group education may include but are not limited to:

(a) Classroom style didactic lectures to present information about a topic and its relationship to substance abuse;

(b) Presentation of audiovisual materials that are educational in nature with required follow-up discussion;

(c) Promotion of discussion and questions about the topic presented to those in attendance; and

(d) Generalization of the information and demonstration of its relevance to recovery and enhanced individual functioning.

2346.2 Group education services shall be provided by an individual who:

(a) Demonstrates competency and skill in educational techniques;

(b) Has knowledge of chemical dependency and its relationship to the topic(s) being taught; and

(c) Is present throughout the group education session.

2346.3 The usual and customary size of group educational sessions shall not exceed thirty-five (35) persons in order to promote participation.

2346.4 A substance abuse treatment facility or program shall develop a schedule and curriculum for delivery of group education services addressing topics and material relevant to the patients.

2346.5 A substance abuse treatment facility or program shall provide basic information to patients regarding:

(a) The progressive nature of dependency and the disease model, to include 12 step programs, principles and availability of self-help groups, and health and nutrition;

(b) Support for the personal recovery process, including overcoming denial, recognizing feelings and behavior, promoting self-awareness and self-esteem, encouraging personal responsibility and constructively using leisure time;

(c) Skill development, such as communication skills, stress reduction and management, conflict resolution, decision-making, assertiveness training, and parenting;

(d) The promotion of positive family relationships and relationships with significant others;

(e) Relapse prevention;

(f) The effects of alcohol and other drug abuse upon pregnancy and child development;

(g) HIV/AIDS, including related conditions, risk factors, preventive measures and the availability of diagnostic testing;

(h) Substance abuse and mental health conditions; and

(i) Parenting and child development, as appropriate.

2347 SERVICES AND SUPPORTS: STANDARDS FOR CORE REQUIREMENTS − THERAPEUTIC ASSISTANT SERVICES FOR RESIDENTIAL FACILITIES

2347.1 Therapeutic assistant services, provided in a residential setting, shall include the following activities:

(a) Training in activities of daily living;

(b) Instruction and supervision of therapeutic recreation activities; and

(c) Protective supervision during evening, overnight, and weekend hours for patients who need the protection and structure of staff twenty-four (24) hours a day.

2347.2 A therapeutic assistant is required to have a high school degree or GED, and at least twenty (20) hours of in-service training per year regarding rehabilitation issues for substance abuse.

2347.3 A therapeutic assistant shall at a minimum be supervised by a Level II certified addictions counselor.

2348 SERVICES AND SUPPORTS: STANDARDS FOR CORE REQUIREMENTS − DRUG SCREENING AND LABORATORY SERVICES

2348.1 The facility or program shall conduct tests or drug-screening analyses to determine and detect the use of alcohol and other drugs.

2348.2 The facility or program shall identify its goals, policies and procedures regarding drug testing.

2348.3 The facility or program shall implement written policies and procedures regarding the collection, storage and handling of specimens.

2348.4 A laboratory that analyzes specimens shall meet all applicable District and federal laws and regulations.

2348.5 The facility or program shall implement written policies and procedures outlining the interpretation of results and actions to be taken when test results indicate the presence of alcohol and/or other drugs. Presumptive lab results shall be distinguished from definitive lab results.

2348.6 The facility or program shall ensure that test results and the resulting actions are documented in the patient's record.

2348.7 The facility or program shall conduct tests or analyses for drug use on a randomly scheduled basis, under appropriate supervision, as indicated by the patient's needs and in compliance with applicable District and federal laws and regulations.

2348.8 Clinical laboratory services provided on the premises of a substance abuse treatment facility or program, and testing not performed on the premises, shall comply with the Clinical Laboratory Act of 1988, effective March 16, 1998 (D.C. Law 7-182, D.C. Code § 32-1501 et seq.), and all District and federal laws and regulations.

2348.9 A facility or program shall conduct random drug screenings on the following substances, including but not limited to:

(a) Opiates;

(b) Methadone;

(c) Cocaine;

(d) Benzodiazepines;

(e) Marijuana;

(f) Phencyclidine (PCP); and

(g) Amphetamines.

2348.10 Facilities or programs may add or delete substances specified in section 2348.9 based on area use and trends with the Department's approval.

2349 SERVICES AND SUPPORTS: STANDARDS FOR CORE REQUIREMENTS – GENERAL NURSING SERVICES

2349.1 (a) Only licensed registered and/or practical nurses shall provide nursing services that include, but are not limited to:

(b) Health assessments of patients and children, as appropriate;

(c) Health screenings and referrals for examination by a physician;

(d) Health education for participants and staff;

(e) Collection of health data;

(f) Appropriate treatment intervention;

(g) Administration of medication;

(h) Observation of medication use by individuals and proper documentation;

(i) Health care counseling, especially in the areas of high-risk sexual behavior and the possibility of HIV positives; and

(j) Infection control.

2350 SERVICES AND SUPPORTS: STANDARDS FOR CORE REQUIREMENTS − CONTINUING CARE PLANS

2350.1 A substance abuse treatment facility or program shall develop and implement policies and procedures to ensure continuity of care when developing continuing care plans for patient's who will need additional treatment after discharge.

2350.2 A written continuing care plan shall be developed in partnership with the patient before discharge, when the need for treatment at a higher or lower level of service intensity is indicated by the patient's progress or lack thereof, in meeting goals established in the rehabilitation plan. The plan shall be based on a review of the rehabilitation plan and an updated assessment to determine the appropriate placement for the patient to receive ongoing structured care.

2350.3 The facility or program shall facilitate arrangements for the patient to be admitted to an appropriate facility or program consistent with the assessed need.

2350.4 The continuing care plan shall be signed and dated by the patient and the counselor.

2350.5 A copy of the continuing care plan shall be provided to the patient and added to the patient's record.

2350.6 The continuing care plan shall indicate the requirements that must be met for re-admission to the facility or program.

2350.7 The facility or program shall accompany, transport or arrange transportation to the new facility or program for any patient in need.

2350.8 The facility or program shall follow up and document in the patient's record confirmation of a successful referral or the patient's failure to comply with the established plan.

2351 SERVICES AND SUPPORTS: STANDARDS FOR CORE REQUIREMENTS – AFTERCARE PLANS

2351.1 The facility or program shall develop policies and procedures for developing patient aftercare plans to effectively transition patients into the community after discharge.

2351.2 The patient shall participate in the development of the aftercare plan. The lack of patient participation shall be documented.

2351.3 The aftercare plan shall identify supportive community services or other planned activities designed to sustain therapeutic gains, maintain sobriety, and promote further recovery.

2351.4 The aftercare plan shall include procedures for collecting information from the patient regarding outcomes of care for a minimum period of four (4) months after discharge. Except for substance abuse detoxification facilities or programs, staff shall attempt a minimum of three (3) follow-up contacts during the specified four

(4) month period.

2351.5 Documentation of both successful and unsuccessful follow-up contacts shall be recorded in the patient's record. This documentation shall include at least the following:

(a) Types, dates and times of contact or attempted contact;

(b) Reasons for unsuccessful contact, if applicable;

(c) Summaries of the contacts, including the patient's progress or regression since discharge and in which areas; and,

(d) Plan for future follow-up contacts, if applicable.

2352 SERVICES AND SUPPORTS: STANDARDS FOR CORE REQUIREMENTS – DISCHARGE SUMMARY

2352.1 A substance abuse treatment facility or program shall develop criteria and implement written policies and procedures regarding:

(a) Termination or removal from the program;

(b) Discharge planning;

(c) Discharge or completion of the program; and

(d) Re-entry following termination or discharge.

2352.2 Prior to a patient's discharge from a substance abuse treatment facility or program, an aftercare plan shall be developed.

2352.3 The patient's record shall contain a discharge summary that summarizes information regarding the patient's condition from the time of first contact through treatment termination. The discharge summary shall minimally include and address the following:

(a) Admission date and referral source;

(b) Initial assessment, including present problems;

(c) Initial diagnosis;

(d) Significant findings;

(e) Course and progress of treatment towards the goals in the rehabilitation plan;

(f) Outcomes at the time of discharge, in relation to identified problems;

(g) Final assessment, including prognosis;

(h) Final diagnosis;

(i) Recommendations and referrals made as stated in the continuing care or aftercare plan;

(j) Discharge date and reason; and,

(k) Follow-up plans.

2352.4 If a patient voluntarily terminates involvement with a substance abuse treatment facility or program against the advice of staff, the discharge summary shall include a statement that explains the circumstances under which the patient was terminated.

2352.5 If a patient is involuntarily terminated for non-compliance as specified in the facility's or program's policies and procedures, the discharge summary shall include a statement that explains the circumstances under which the patient was terminated and the conditions that must be met by the patient for re-admission.

2352.6 The discharge summary shall be completed and entered into the patient's record no later than fifteen (15) days after the patient's discharge from a substance abuse treatment facility or program and shall be signed by the primary care counselor, the clinical case manager, and the supervisor. The discharge date shall be considered the date on which services were last provided.

2353 RECORDS MANAGEMENT − STANDARDS FOR CONFIDENTIALITY

2353.1 All patient records shall be kept confidential and shall be handled in compliance with "Confidentiality of Alcohol and Drug Abuse Patient Records" 42 CFR, Part 2, and District laws and regulations regarding the confidentiality of patient records.

2353.2 A facility or program shall ensure that all staff and patients, as part of their orientation, are made aware of these requirements.

2353.3 A decision to disclose patient information under any provisions of District or federal rules that permit such disclosure shall be made only by the facility or program director or his/her designee with appropriately administered consent procedures.

2354 RECORDS MANAGEMENT − STANDARDS FOR PATIENT RECORDS MAINTENANCE AND REPORTING

2354.1 A substance abuse treatment facility or program shall maintain an organized record of each patient served in a secured manner.

2354.2 The substance abuse treatment facility or program director shall designate a staff member to be responsible for the maintenance and administration of records.

2354.3 The facility or program shall arrange and store records according to a uniform system approved by the Department.

2354.4 The facility or program shall maintain records readily accessible for use and review by authorized staff and other authorized parties.

2354.5 The facility or program shall organize the content of records so that information can be located easily and surveys and audits by the Department can be conducted with reasonable efficiency.

2354.6 The facility or program shall be linked to the systems in the Department to allow retrieval of electronic data including but not limited to outcomes of care, in a secured environment with the consent of the patient as required.

2354.7 The facility or program shall participate in the Department's central registry of programs and facilities and registry of patients receiving substance abuse treatment.

2354.8 At a minimum, all patient records shall include:

(a) Documentation of the referral and initial screening interview and its findings;

(b) The individual's consent to treatment;

(c) Orientation to the program's services, rules, confidentiality, and patient's rights;

(d) Confidentiality forms;

(e) Diagnostic interview and record;

(f) Evaluation of medical needs and as applicable, medication intake sheets and special diets which shall include:

(1) Documentation of physician's orders for medication and treatment, change of orders and/or special treatment evaluation; and

(2) For drugs prescribed following admissions, the patient's record showing any prescribed drug product by name, dosage and strength, as well as date(s) medication was administered, discontinued or changed;

(g) The assessment findings of the addiction counselor and community support worker;

(h) Individual rehabilitation plan and updates;

(i) Progress notes;

(j) Documentation of all services provided to the patient as well as activities directly related to the individual rehabilitation plan;

(k) Documentation of missed appointments and efforts to contact and

re-engage the patient;

(l) Releases signed to permit the facility to obtain and/or release information;

(m) Documentation of all referrals to other agencies and the outcome of such referrals;

(n) Documentation establishing all attempts to acquire necessary and relevant information from other sources;

(o) Pertinent information reported by the patient, family members or significant others regarding a change in the individual's condition and/or an unusual or unexpected occurrence in the patient's life;

(p) Drug tests and incidents of drug use;

(q) Annual assessment and related documentation, where applicable;

(r) Discharge summary and aftercare plan;

(s) Signatures of client, counselor and clinical supervisor; and

(t) Outcomes of care and follow-up data concerning outcomes of care.

2355 RECORDS MANAGEMENT − STANDARDS FOR STORAGE AND RETENTION OF PATIENT RECORDS

2355.1 A substance abuse treatment facility or program shall retain patient records (either original or accurate reproductions) for at least five (5) years or until all litigation, adverse audit findings, or both, are resolved.

2355.2 Records of minors shall be kept for at least five (5) years after such minor has reached the age of eighteen (18) years.

2355.3 Each facility or program shall place a copy of the "Rights of Patients" statement, signed by the patient, in the patient's record.

2355.4 The patient or legal guardian shall also be given a written statement concerning patient's rights and responsibilities in the program. The patient or guardian, attesting to his or her shall sign the statement understanding of these rights and responsibilities as explained by the staff person who shall witness the client's signature. This document shall be placed in the patient's record.

2355.5 If the records of a facility or program are maintained on computer systems, the database shall:

(a) Have a backup system to safeguard the records in the event of operator or equipment failure, natural disasters, power outages, and other emergency situations;

(b) Identify the name of the person making each entry into the record;

(c) Be secure from inadvertent or unauthorized access to records in accordance with "Confidentiality of Alcohol and Drug Abuse Patient Records" 42 CFR, Part 2, and District laws and regulations regarding the confidentiality of patient records; and

(d) Limit access to providers who are involved in the care of the patient and who have permission from the patient to access the record, and create an electronic trail when data is released.

2355.6 A substance abuse treatment facility or program shall abide by federal laws and regulations concerning the confidentiality of records in accordance with "Confidentiality of Alcohol and Drug Abuse Patient Records" 42 CFR, Part 2, and District laws and regulations regarding the confidentiality of patient records.

2355.7 A substance abuse treatment facility or program shall maintain records in a manner that safeguards confidentiality in the following manner:

(a) Records shall be stored with access controlled and limited to authorized staff and authorized agents of the Department;

(b) Written records that are not in use shall be maintained in either a secured room, locked file cabinet, safe, or other similar container; and

(c) The facility or program shall implement policies and procedures that govern patient access to their own records.

2355.8 The policies and procedures of a substance abuse treatment facility or program shall not restrict a patient's access to their record or information in the record.

2355.9 The policies and procedures of a substance abuse treatment facility or program shall specify that a staff member must be present whenever a patient accesses his or her records. If the patient disagrees with statements in the record, the patient's objections shall be written in the record.

2355.10 All staff entries into the record shall be clear, complete, accurate and recorded in a timely fashion.

2355.11 All entries shall be dated and authenticated by the recorder with full signature and title.

2355.12 All entries shall be typewritten or legibly written in indelible ink that will not deteriorate from photocopying.

2355.13 Any documentation error shall be marked through with a single line and initialed and dated by the recorder.

2355.14 Limited use of symbols and abbreviations shall be pre-approved by the facility or

program and accompanied by an explanatory legend.

2355.15 For all facility or program services, the record shall document the following for each service episode:

(a) Name of service rendered and a synopsis of the service activity;

(b) The date and actual beginning and ending time the service was rendered;

(c) Legible signature and title of person who rendered the service;

(d) Location in which the services were rendered if other than the facility or program site; and

(e) The relationship of the services to the rehabilitation treatment plan.

2355.16 The service episode note documenting family therapy shall clearly state the relationship of the participant(s) to the patient.

2355.17 For each group session, a group log shall document the type of service, date, actual beginning and ending time, attendance and the signature and title of the staff member providing the service.

2355.18 A substance abuse treatment facility or program shall have a written policy for conducting periodic record reviews to evaluate completeness, accuracy, and timeliness of entries.

2356 SPECIALTY SERVICES − STANDARDS FOR DAY TREATMENT

2356.1 A substance abuse treatment program providing day treatment shall provide services that are part of a comprehensive package of services and therapeutic structured activities.

2356.2 Day treatment services shall be consistent with the patient's rehabilitation plan, which is designed to achieve and promote recovery from substance abuse/dependency and improve client functioning and shall be provided a supervised substance-free facility.

2356.3 Key service functions of day treatment shall include, but are not limited to, the following:

(a) Activities to address the patient’s immediate need to abstain from substance use;

(b) Activities and structure which provide a meaningful, constructive alternative to substance abuse;

(c) Activities which promote individual responsibility for recovery;

(d) Activities that enhance life skills;

(e) Activities that address functional skills;

(f) Activities that enhance the use of personal support systems; and

(g) Activities which promote development of interests and hobbies to constructively use leisure time.

2356.4 The required service components which shall be used to achieve key service functions of day treatment include:

(a) Individual counseling;

(b) Group counseling;

(c) Group education;

(d) Family and individual therapy; and

(e) Supervision of patients and structured programming to promote and reinforce a substance-free lifestyle including, but not limited to, organized recreational activities, skill building, structured self-study sessions, promotion of self-help, and peer support activities.

2356.5 The ratio of patients to staff for day treatment components shall not exceed the maximums set forth in the provider manual. The number of staff required shall be increased as necessary based on the mix of patients in a program, the age of patients, the number of family members or others at the facility, off-site program activities, and the size and configuration of the day treatment facility space.

2356.6 At least one (1) addiction counselor shall be present and providing services at all times when day treatment services are in operation and patients are in the day treatment facility. On weekends and holidays, an addiction counselor may provide on-call coverage rather than being physically present at the treatment facility. On-call coverage must be prompt and responsive to patient's needs.

2356.7 Day treatment services shall be offered seven (7) days per week. The day treatment program shall maintain a current activity schedule, which offers a minimum of thirty (35) hours of structured, planned, therapeutic activity per week.

2356.8 Therapeutic activity shall include individual counseling, group education, family therapy, structured recreational activity, events involving patients and family members, and peer support activities at the site.

2356.9 Therapeutic activity does not include time allocated for unstructured leisure, meals,

or chores.

2356.10 Counseling and group education are minimally required daily activities in which all patients must participate.

2356.11 Each patient shall participate in at least two (2) hours of individual counseling per week. Family therapy may substitute for one (1) hour of required individual counseling.

2356.12 Each patient shall to participate in at least eighteen (18) hours of group education and group counseling. At least six (6) of the required hours shall be group counseling. The remaining hours may be group education, group counseling, or group therapy, according to the needs of the target population and the program philosophy.

2357 SPECIALTY SERVICES − ADDITIONAL STANDARDS FOR PROGRAMS SERVING PARENTS AND THEIR CHILDREN

2357.1 In addition to core requirements and other standards described in this chapter, a substance abuse treatment facility or program providing rehabilitation services to parents and their children shall comply with this section for the delivery of care.

2357.2 A substance abuse treatment facility or program providing rehabilitation services to parents and their children shall provide services solely to one gender and their children if such gender specific programs are recommended by the Treatment Improvement Protocols of the Center for Substance Abuse Treatment (TIPs). Living arrangements for adult men shall be separate from women and their children if recommended by TIPs.

2357.3 Facilities or programs that serve parents and their children shall engage in all activities necessary to ensure priority admission and service delivery to women who are pregnant or postpartum.

2357.4 Facilities or programs that serve parents and their children shall admit adolescents who are pregnant or postpartum if the facility or program can provide evidence that the adolescent can appropriately participate in and benefit from the program services.

2357.5 Infants shall accompany their mothers when services are provided in a supervised residential setting, unless contraindicated by medical, legal or other reasons, which are documented in the patient's record.

2357.6 In the event a newborn infant remains in a medical facility while the mother participates in services, the residential program shall ensure that there is a daily visit/contact between the mother and newborn infant.

2357.7 Any medical or therapeutic reasons that prevent such daily contact shall be documented in the patient's record and shall be accompanied with plans to improve parent-child bonds during the separation and to restart contact.

2357.8 Children, other than newborn infants, shall accompany their parents to the facility or program when indicated or when appropriate care from other family members or resources are not available.

2357.9 Clinicians who prevent parents from regular contact with their children shall provide written justification to the Department as to why contact is detrimental for the parent or child.

2357.10 Clinicians shall also provide a detailed written plan and schedule of activity for strengthening the bond between parents and children during and after the end of the separation. These plans shall be provided even if the separation is with the consent of the parent and shall be documented in the parent's record.

2357.11 Children of a homeless parent, independent of age and gender, shall not be separated from the parent during or because of treatment. If separation must occur, the facility or program shall provide the following to the Department:

(a) Justification for separation;

(b) Plans for strengthening parent/child bonds during and after the separation has ended; and

(c) Evidence of safe and developmentally appropriate housing for the children involved.

2357.12 Facilities or programs that serve parents with children shall address therapeutic issues relevant to parents and specific needs of the parents.

2357.13 Service delivery for facilities or programs that serve parents with children, shall include, but is not limited to, the following:

(a) At least one (1) hour of planned, supervised activities to promote parent-child bonding daily; and

(b) A minimum of the following instruction and hands on behavioral exercises weekly:

(1) One (1) hour regarding the effects of using alcohol and other drugs during pregnancy;

(2) One (1) hour regarding child development; and

(3) Two (2) hours regarding parenting skills.

2357.14 Children shall be supervised at all times and shall be provided age-appropriate activities, training and guidance.

2357.15 A facility or program shall ensure that child care/day care is available for children, to be provided either directly or through contractual or other affiliation, while the parent participates in treatment and rehabilitation services.

2357.16 A facility or program that directly operates a child development facility shall be licensed in accordance with the District of Columbia Child Development Facilities, Chapter 3 of Title 29 of the District of Columbia Municipal Regulations (29 DCMR 3).

2357.17 Facilities or programs that serve parents with children shall address therapeutic issues and specific needs of the children as specified in the parent's rehabilitation plan. Age-appropriate activities, training and guidance shall be offered to facilitate the parent's recovery goals as well as to meet the following goals:

(a) Building self-esteem;

(b) Learning to identify and express feelings;

(c) Building positive family relationships;

(d) Developing decision-making skills;

(e) Understanding chemical dependency and its effects on the family;

(f) Learning and practicing nonviolent ways to resolve conflict;

(g) Learning safety practices such as sexual abuse prevention; and

(h) Addressing developmental needs.

2357.18 Facilities or programs that serve parents with children shall ensure school age children are in regular attendance at a public, independent, private, or parochial school, or private instruction in accordance with the District of Columbia Compulsory School Attendance Amendment Act of 1990, effective March 8, 1991 (D.C. Law 8-247; D.C. Code § 31-401 et seq.).

2357.19 Facilities or programs that serve parents with children shall provide directly or otherwise make available tutoring programs to assist school age children who are having difficulty maintaining better than average school grades.

2357.20 Facilities or programs that serve parents with children shall develop policies and procedures describing the method for retaining and recording information collected on the children residing in or attending the program who are not formally admitted for treatment, linking information on the child to the course of treatment for the parent as clinically indicated.

2357.21 A facility or program shall develop policies and procedures for determining the need to formally admit a child as a discrete patient.

2357.22 A facility or program shall establish a separate record for each child when a clinical determination is made to formally admit the child as a discreet patient.

2357.23 The record shall document the child's developmental assessment, to include but not

be limited to the child's history and current status physically emotionally, socially, educationally, and in relation to the family.

2357.24 An individualized treatment plan shall be developed for any child who is formally admitted to the facility or program as a discrete patient.

2357.25 The child's parent or legal guardian shall sign the treatment plan and consent for treatment.

2357.26 During all hours of operation, there shall be a minimum of two (2) staff members on-duty within a residential support program.

2357.27 Additional staff may be required, depending upon the number of parents and children present and the type of activities offered.

2357.28 Services delivery staff and program administration shall demonstrate experience and training to address the needs of parents and children.

2357.29 All services delivery staff shall receive periodic training regarding therapeutic issues relevant to women and children. At least two (2) times per year the program shall provide or arrange training on each of the following topics:

(a) Special considerations in the treatment of women, including pregnant and postpartum women;

(b) Child development and the appropriate care and stimulation of infants including drug-affected newborn infants;

(c) Treatment of patients who are victims of violence (including rape) or traumatized by observing violence; and

(d) Treatment of patients who have initiated or participated in violence against others.

2357.30 Service delivery staff shall maintain current training in first aid and cardiopulmonary resuscitation for infants and adults.

2357.31 A facility's or program's governing board shall include members with a special interest in the expertise related to the program or services for parent(s) and children, such as prospective referral sources, health care, child care, and social service providers.

2357.32 A facility or program that serves parents with children shall maintain a safe healthy environment, which is responsive to the physical and medical needs of parent(s) and children.

2357.33 A facility or program that serves parents with children shall maintain a smoke-free environment and shall assist patients in reducing and eliminating dependence on tobacco.

2357.34 A facility or program that serves parents with children shall have written affiliation agreement(s) and demonstrate effective working relationship(s) with a physician, hospital, and/or clinic to provide medical care for women, including pregnant and postpartum women, men, and their children.

2357.35 A facility or program that serves parents with children shall ensure that a medical evaluation is performed for each parent and child. The medical evaluation shall include:

(a) Current physical status, including vital signs and verification of childhood immunizations required by the Department;

(b) Recent substance use patterns, including the most recent substance use episode;

(c) Any symptoms of intoxication, impairment or withdrawal;

(d) Any history of being a victim or participating in violence against others; and

(e) The extent of violence in current relationships.

2357.36 A facility or program that serves parents with children shall provide or arrange detoxification services for any parent who presents symptoms of intoxication, impairment or withdrawal.

2357.37 A facility or program that serves pregnant women with symptoms of intoxication, impairment or withdrawal shall immediately provide or arrange for the patient to be:

(a) Evaluated by a physician, hospital, or medical clinic;

(b) Transported;

(c) Admitted for detoxification services in a hospital, when clinically indicated; and/or,

(d) Provided non-hospital detoxification services, if hospital services are not clinically indicated.

2357.38 A facility or program with supervised living shall not be required to accept applications for civil detention of intoxicated persons due to the presence of children within the facility.

2357.39 During the initial assessment, a facility or program shall ensure that each parent and child is medically stable, safe and fully able to participate in program services.

2357.40 A facility or program shall ensure that recommendations by a physician, or licensed health care provider are implemented regarding medical, physical and nutritional needs.

2357.41 A facility or program that serves parents with children shall work with the Department and other community agencies to:

(a) Link pregnant and postpartum clients with available case management services for high risk pregnancies; and

(b) Link clients with needed resources and services, such as Women, Infants and Children (WIC), Healthy Babies, and/or other appropriate programs.

2357.42 A facility or program that serves parents with children shall maintain primary responsibility for community support linkages until the patient no longer participates in its services.

2358 SPECIALTY SERVICES − STANDARDS FOR THE DEVELOPMENTAL ASSESSMENT OF CHILDREN

2358.1 A developmental assessment must be completed within three (3) days if a child of a patient is formally admitted to a substance abuse treatment facility or program serving parents and their children.

2358.2 The developmental assessment is intended to provide information particularly related to how substance abuse has impacted or is impacting, the child's social, emotional, and behavioral development, as well as how well the child's physical safety and nutritional needs have been met.

2358.3 The assessment shall result in a goal plan for the child, shall identify interventions directly related to the child, and shall provide appropriate services and information to the parent regarding parenting skills. Referrals shall be made when needed for early childhood intervention and therapeutic child development facility.

2358.4 The following outline shall be used in the assessment of the child and shall be appropriate to the age of the child:

(a) Prenatal and birth history;

(b) Early childhood development;

(c) Past/recent relationship with caregivers;

(d) Description of child;

(e) School or preschool experience;

(f) Sibling relationship;

(g) Hobbies, interests, skills;

(h) Parents' description of child's problems and needs;

(i) Summary and impression; and

(j) Recommendations.

2358.5 Professional staff eligible to complete the assessment shall include:

(a) An addiction counselor with a minimum of two (2) years experience in the treatment and assessment of children;

(b) A social worker, nurse, psychologist or physician licensed in the District who has at least one (1) year experience in the assessment and treatment of children; or

(c) A graduate of an accredited college or university with a Masters' degree in psychology, counseling, psychiatric nursing, who has two (2) years full time experience in the treatment and assessment of children.

2359 SPECIALTY SERVICES − STANDARDS FOR THERAPEUTIC RECREATIONAL ACTIVITIES

2359.1 A substance abuse treatment facility or program shall provide structured therapeutic recreational activities:

(a) Designed to assist the individual to learn ways to use leisure time constructively, develop new personal interests and skills, and increase social adjustment; and

(b) Not including time allocated for unstructured leisure or chores.

2359.2 A recreation therapist shall annually review and approve the written plan and shall consult with staff. A recreation therapist shall have a bachelor's degree with specialization in recreation therapy and one (1) year of supervised experience in recreation therapy or shall be certified as a therapeutic recreation specialist by the National Council for Therapeutic Recreational Certification.

2360 SPECIALTY SERVICES − MEDICATION MANAGEMENT STANDARDS

2360.1 Controlled substances shall be maintained in accordance with Chapter 10, Title 22 of the District of Columbia Municipal Regulations, and 21 CFR, Part 1300 of the Code of Federal Regulations.

2360.2 A substance abuse treatment facility or program shall implement written policies and procedures to govern the acquisition, safe storage, prescribing, dispensing, labeling, administration, and the self-administration of medication, including medications patients may bring into the program.

2360.3 For any medication that is administered or self-administered, the program shall have a record of the attending practitioner's order or approval prior to the administration or self-administration of medication.

2360.4 Any medication brought into a facility or program by a patient shall not be administered or self-administered until the medication is identified and the attending practitioner's written order or approval is documented in the patient record.

2360.5 Verbal orders may be given by the attending practitioner and received only by another practitioner, physician assistant, nurse, or pharmacist. Verbal orders shall be noted in the patient's record as such and countersigned and dated by the prescribing practitioner within twenty-four (24) hours.

2360.6 All medication brought into a facility or program must be packaged and labeled in accordance with District and federal laws and regulations, including but not limited to the Poison Prevention Packaging Act of 1970, approved December 30, 1970 (Pub. L. 91-601, 84 Stat. 1670).

2360.7 Medication brought into a facility or program by a patient that is not approved by the attending practitioner shall be packaged, sealed, stored and returned to the patient upon discharge.

2360.8 The administration of medications, excluding the self-administration, shall be permitted only by licensed individuals pursuant to the Health Occupations Revision Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Code § 2-3301 et seq.).

2360.9 Medications shall be administered in single doses to the extent possible.

2360.10 A licensed nurse, practitioner or physician assistant shall administer controlled substances or injectable drugs, excluding insulin.

2360.11 Program staff responsible for supervision of the self-administration of medication shall document consultations with a practitioner, pharmacist, registered nurse, or referral to appropriate reference material regarding the action and possible side effects or adverse reactions of each medication under their supervision.

2360.12 The facility or program shall provide medication management training to the staff designated to supervise the self-administration of medication. The training shall include, but not be limited to, the expected action and adverse reaction of the self-administered medication.

2360.13 Only designated staff shall supervise the self-administration of medication.

2360.14 The facility or program shall ensure that medication is available to patients as prescribed for the required therapy.

2360.15 A facility or program shall maintain records that track and account for all prescribed medication, including the following:

(a) Each patient receiving medication shall have a medication administration record, which includes the individual's name, name of medication, type of

medication (classification), and amount of medication, dose and frequency of administration/self-administration, and name of staff who administered or observed the self-administration of medication;

(b) Documentation shall include omission and refusal of medication administration;

(c) The medication administration record shall validate the amount of medication originally present and the amount remaining;

(d) Documentation of medication administration shall include over-the-counter drugs administered or self-administered; and

(e) Narcotic treatment programs administering narcotics, including but not limited to methadone, shall follow the requirements in accordance with Chapter 10, Title 22 of the District of Columbia Municipal Regulations; 21 CFR, Part 1300; and 21 CFR, Part 291.

2360.16 An attending practitioner shall be notified immediately of any medication error or adverse reaction. The staff responsible for the medication error shall complete an incident report. The medication error, or adverse reaction, practitioner recommendations and subsequent actions taken by the program shall be documented in the patient record.

2360.17 The facility or program shall have written policies and procedures on how medications are obtained and stored.

2360.18 The facility or program shall ensure that all medications, including those that are self-administered, are secured in locked storage areas.

2360.19 The locked medication area shall provide for separation of internal and external medications.

2360.20 The facility or program shall maintain a list of personnel who have access to the locked medication area and, where applicable, who are qualified to administer medication.

2360.21 The facility or program shall comply with all District and federal laws concerning the acquisition and storage of pharmaceuticals.

2360.22 Each patient's medication shall be properly labeled as required by District and federal laws and regulations, stored in its original container, and shall not be transferred to another container or taken by persons other than the person for whom it was originally prescribed.

2360.23 Medications requiring refrigeration shall be maintained in a separate and secure refrigerator, labeled "FOR MEDICATION ONLY", and shall be maintained at a temperature between 36°F and 46°F. All refrigeration shall have thermometers, which are easily readable, in proper working condition, and accurate within a range of plus or minus two (2) degrees.

2360.24 The facility or program shall conspicuously post in the drug storage area the following information:

(a) Telephone number for the regional Poison Control Center;

(b) Antidote charts; and

(c) Metric-apothecaries weight and conversion measure charts.

2360.25 Inspections of all drug storage areas shall be conducted monthly to ensure that medications are stored in compliance with District and federal regulations. The facility shall maintain records of these inspections for verification.

2360.26 Where applicable, the facility shall implement written policies and procedures for the control of stock pharmaceuticals.

2360.27 The receipt and disposition of stock pharmaceuticals must be accurately documented as follows:

(a) Invoices from companies or pharmacies shall be maintained to document the receipt of stock pharmaceuticals;

(b) A log shall be maintained for each stock pharmaceutical that documents receipt and disposition; and

(c) At least quarterly, each stock pharmaceutical shall be reconciled as to the amount received and the amount dispensed.

2360.28 The facility or program shall implement written procedures and policies for the disposal of medication.

2360.29 The facility or program shall promptly dispose of all medications discontinued by the attending practitioner, outdated medications, and medications having illegible or missing labels.

2360.30 Any medication left by the patient at discharge shall be destroyed within thirty (30) calendar days.

2360.31 The disposal of all medications shall be witnessed and documented by two appropriate (2) staff members.

2361 SPECIALTY SERVICES – ADDITIONAL STANDARDS FOR NARCOTIC TREATMENT (OPIOID REPLACEMENT) PROGRAMS

2361.1 In addition to the requirements of this section, programs providing narcotic treatment shall comply with standards for all facilities and program as specified in this chapter.

2361.2 Substance abuse treatment facilities or programs providing narcotic treatment with opioid replacement therapy shall comply with federal requirements for opioid treatment as specified in 21 CFR Part 291 and shall comply with District and federal regulations for maintaining controlled substances as specified in Chapter 10, Title 22 of the District of Columbia Municipal Regulations, and 21 CFR Part 1300, respectively.

2361.3 Each narcotic treatment program or service delivery site, whether providing inpatient or outpatient services shall submit applications to the Department and the U.S. Food and Drug Administration (FDA), respectively and shall require the approval of both agencies prior to its initial operation.

2361.4 A narcotic treatment program shall submit to the Department photocopies of all applications, reports and notifications required by federal laws and regulations.

2361.5 Narcotic treatment programs shall ensure the following:

(a) Access to electronic alarm areas where drug stock is maintained shall be limited to a minimum number of authorized licensed personnel. Each employee shall have his/her own individual code, which shall be erased upon termination.

(b) All stored drugs (liquid, powder, solid and reconstituted) including controlled substances, shall be clearly labeled with the following information:

(1) Name of substance;

(2) Strength of substance;

(3) Date of reconstitution or preparation;

(4) Manufacturer and lot number;

(5) Manufacturer's expiration date; or

(6) Reconstituted/prepared drug's expiration date according to the manufacturer's expiration date, or one (1) year from the date of reconstitution or preparation, whichever is shorter.

(c) Take-home medications shall be labeled and packaged in accordance with Federal and District laws and shall include the following information:

(1) Treatment program's name, address, and telephone number;

(2) Physician's name;

(3) Patient's name;

(4) Directions for ingestion;

(5) Name of medication;

(6) Dosage in milligrams;

(7) Date issued; and

(8) Cautionary labels as appropriate;

2361.6 Containers of drugs shall be kept covered and stored in the appropriate locked safe with access limited by an electronic alarm system that conforms to DEA and District requirements.

2361.7 The Department shall be notified of any theft, suspected theft or any significant loss of controlled substances, including spillage. Photocopies of DEA forms 106 and 41 shall be submitted to the Department.

2362 SPECIALTY SERVICES − STANDARDS FOR DUAL DIAGNOSTIC SERVICES

2362.1 All substance abuse treatment facilities or programs shall have the capability of serving persons with dual diagnosis as defined in the standards. The facilities or program may serve persons with a diagnosis of serious mental illness and substance abuse if it is determined that the facility can adequately address the needs of the individual.

2362.2 For persons with a mental disease or disorder, the facility shall ensure inter-facility collaboration to maximize the benefits of service delivery by:

(a) Establishing positive working agreements with providers of psychiatric or mental health services including consultation for psychopharmacological interventions as follows:

(1) For person(s) with serious and persistent mental illness, the facility shall establish one (1) or more written agreements with a mental health facility, which offers services which include, at a minimum, medication management, psychosocial day programming, case management, and an emergency on-call system; and,

(2) For person (s) with a mental disease or disorder which is not a serious and persistent mental illness, the facility shall have a written referral and cooperative agreement with a mental health service provider(s) or facility with staff qualified to provide, at a minimum, medication management and therapy/counseling;

(b) Describing in the rehabilitation plan the services and goals of the psychiatric/mental health service provider and involving the service provider in treatment planning and updates; and

(c) Requiring that service delivery staff maintain regular and frequent contact with the mental health service provider to achieve coordination and continuity of treatment.

2362.3 The facility or program staff shall meet with the mental health service provider(s) to discuss and determine the appropriate treatment strategy to address the patient's mental illness. At this meeting a treatment plan shall be formulated or an existing treatment plan revised to reflect the needs, problems, and goals identified as a result of the evaluation.

2362.4 If the facility or program staff concurs with the mental health service provider(s) that a dually diagnosed individual requires and is capable of benefiting from treatment and rehabilitation, the individual shall be admitted. All necessary services shall be coordinated among the staff, and when applicable a single clinical case manager shall be designated.

2362.5 If the facility or program staff concurs with the mental health service provider(s) that a dually diagnosed individual requires admission to address psychiatric rehabilitation needs and requires other specialized alcohol and drug abuse treatment as an adjunct, the individual shall be referred to the mental health facility or equivalent facility for admission with required coordination of services by the agencies.

2362.6 The staff of a substance abuse treatment facility or program shall receive specific training to meet the needs of a dually diagnosed patient as follows:

(a) An overview of the signs and symptoms, functional impairment and treatment modalities, including the use of medications, for persons with dual diagnosis of substance abuse and mental disorder, with special attention to the broad categories of thought disorders and mood disorders;

(b) Guidelines for cooperative service delivery and specific techniques and guidelines for service delivery to dually diagnosed individuals; and

(c) For facilities or programs that serve the seriously mentally ill, the training shall also emphasize cognitive functioning, residual symptomatology, psychotropic medication side effects, parental family therapy, and the need for emergency referral when needed.

2362.7 The staff of a substance abuse treatment facility or program that serves the seriously and persistently mentally ill shall receive specific training to meet their needs as follows:

(a) An overview of the signs and symptoms, functional impairment and treatment modalities, including the use of medications, for persons with dual diagnosis of substance abuse and mental disorder, with special attention to the broad categories of thought disorders and mood disorders; and

(b) Guidelines for cooperative service delivery and specific techniques and guidelines for service delivery to dually diagnosed individuals.

2363 SPECIALTY SERVICES − STANDARDS FOR MEDICAL DETOXIFICATION

2363.1 Medical detoxification services shall comply with all standards identified in this section and all other applicable standards in this chapter, and guidelines as recommended by the Substance Abuse and Mental Health Services Administration (SAMHSA) Treatment Improvement Protocols.

2363.2 A substance abuse facility or program shall have a written agreement with a nearby hospital for transferring patients in cases of medical emergencies.

2363.3 There shall be a written physician-approved detoxification protocol or standing detoxification orders for each substance for which the program detoxifies patients.

2363.4 To ensure that the appropriate rehabilitative services are provided, the patient shall be assigned a primary addiction therapist who shall follow the patient's progress during detoxification. Such progress shall be documented in the patient's treatment record.

2363.5 A substance abuse facility shall have a written policy for involuntary discharge procedures that shall include a requirement that all patients shall be informed of the facility's or program's rules and regulations, and shall sign a statement that he or she knows and understands the rules and regulations.

2363.6 There shall be a written policy for any patient who leaves detoxification treatment against the advice of staff. The patient shall sign an Against Medical Advice Form and it shall be witnessed by a staff member.

2363.7 Patients shall remain in a medical detoxification program for the period of time deemed medically necessary and documented by the attending physician.

2363.8 Coercion or force shall not be used to induce any person to remain in treatment.

2364 SPECIALTY SERVICES − STANDARDS FOR MEDICAL DETOXIFICATION PERSONNEL

2364.1 A substance abuse treatment facility or program shall have on staff a supervising physician who has the responsibility for administering all medical and pharmaceutical procedures. The physician shall be licensed to practice medicine in the District of Columbia.

2364.2 Staff shall be trained and competent in medical management and supervision of detoxification from alcohol and drugs. Documentation of staff training shall be retained in each employee's personnel file.

2364.3 Staffing shall provide twenty-four (24) hours awake supervision, seven (7) days a week. Adequate staffing levels shall be maintained to admit, treat, and discharge patients.

2364.4 A substance abuse treatment facility or program shall provide on-site physician coverage twenty-four (24) hours a day, seven (7) days a week.

2364.5 A substance abuse treatment facility or program shall have a designated registered nurse responsible for the general supervision of the nursing staff. He or she shall be licensed to practice nursing in the District of Columbia, and certified in chemical dependency. He or she shall participate in ongoing professional development in the area of substance abuse. Documentation of such training shall be retained in each employee's personnel file.

2364.6 The number of licensed nursing staff shall be commensurate with the number of patients being served. The patient: nurse ratio on the day shift shall not exceed 12:1; on the evening shift 17:1; and on the night shift 25:1.

2364.7 Staffing shall be appropriate in number to ensure the safety of the patient and staff. Staff shall have the necessary training and be competent to recognize signs and symptoms of chemical dependency.

2365 SPECIALTY SERVICES − STANDARDS FOR MEDICAL DETOXIFICATION TREATMENT RECORD

2365.1 A complete medical history and physical examination shall be performed and documented on each patient within twenty-four (24) hours of admission.

2365.2 A psychosocial assessment shall be completed and documented on each patient within seventy-two (72) hours of admission.

2365.3 An initial service plan addressing short-term detoxification goals shall be developed for each patient within twelve (12) hours of admission. The rehabilitation plan shall be developed within seventy-two (72) hours of admissions and may be reviewed, revised, and updated as clinically indicated. This plan shall be documented in the patient's treatment record.

2366 SPECIALTY SERVICES − STANDARDS FOR BEHAVIORAL MANAGEMENT

2366.1 A substance abuse treatment facility or program shall develop written policies and procedures that define the use of behavior management, including time-out, physical, mechanical and chemical restraint, seclusion, and the use of positive and negative reinforcement.

(a) The facility or program shall prohibit by policy and practice the following practices:

(1) Aversive conditioning of any kind;

(2) Withholding of food, water or bathroom privileges;

(3) Painful stimuli; or

(4) Corporal punishment.

(b) Required behavior management policies and procedures shall be:

(1) Approved by the facility's or program's executive director or if a governmental entity, approved by the governing Department;

(2) Made available to all program employees and providers;

(3) Made available to individuals, their families and others upon request;

(4) Developed with the participation of the persons served and, whenever possible, family members or advocates, or both; and

(5) Be consistent with rules developed by the Department regarding patient rights.

(c) Time-out does not preclude the use of behavior-modifying techniques such as ignoring undesirable behaviors or withdrawing attention due to behavior.

2366.2 All substance abuse treatment facility or program staff involved in person-to-person contact and behavior management shall receive training in the safe and effective use of all behavior management methods permitted by facility or program policy.

2366.3 Training shall be documented in the employee's personnel file and shall be updated as needed but at least annually. The facility or program manual shall specify which staff are included or excluded from this requirement.

2366.4 If a substance abuse treatment facility or program utilizes chemical, physical and mechanical restraints, such restraints shall be used only if ordered by a practitioner in emergency situations where the potential exists for self-harm or harm to others.

2366.5 A substance abuse treatment facility or program shall use emergency restraint only when less restrictive alternatives have failed and only to reduce or eliminate a substantial risk of serious physical harm to the patient, staff or others. Any use of restraint shall conform to the facility or program's policies and procedures regarding restraint.

2366.6 The staff of a substance abuse treatment facility or program shall evaluate patients who required emergency restraint on more than one (1) occasion during any thirty (30) day periods for appropriateness of continued participation in the facility or program.

2366.7 A director of a substance abuse treatment facility or program shall review each use of emergency restraint within two (2) business days of its occurrence. The quality improvement committee shall review monthly incidents and appropriateness of corrective actions taken and make recommendations regarding any further process improvements needed to reduce the use of restraints.

2366.8 The staff of a substance abuse treatment facility or program shall document the use of any restraint in the patient's record and shall include the rationale for the order of emergency restraint, the type of restraint and the signature of the practitioner ordering the restraint.

2366.9 Immediately after use of a restraint, the facility or program staff shall take appropriate steps to ensure the patient's safety including, but not limited to:

(a) Arranging for a more restrictive treatment setting;

(b) Contacting the Department, police, patient's family and physician, as appropriate; and

(c) Arranging for an ambulance or hospitalization.

2366.10 The facility or program staff shall document any harmful effects to a patient due to the use of emergency restraint and shall bring those effects to the immediate attention of the substance abuse treatment facility or program director.

2367 ADMINISTRATIVE REMEDIES − DENIAL, SUSPENSION, OR REVOCATION OF CERTIFICATION

2367.1 The Department may refuse to issue or renew, or may revoke, or suspend a certification for failure to comply with the provisions of the Act, rules adopted pursuant to this Act, and all other applicable provisions of law in accordance with the District of Columbia Drug Abuse, and Mental Illness Insurance Coverage Act of 1986, effective (D.C. Law 6-195; D.C. Code § 35-2301 et seq.).

2367.2 The Department may simultaneously use one or more of the remedies listed in this section to penalize facilities or programs for violating aspects of this chapter. The remedies included in this section are:

(a) Summary suspension – which takes effect immediately without benefit of a hearing, for infractions posing imminent risk;

(b) Suspension – which may be delayed until the program or facility has an opportunity to be heard on the charges when the charges do not pose an imminent risk;

(c) Revocation – which may be delayed until the program or facility has an opportunity to be heard on the charges when the charges do not pose an imminent risk;

(d) Denial of an application for certification; or

(e) Civil fines and penalties.

2367.3 A determination of non-compliance may include, but is not limited to, the following:

(a) Violation of federal, state and local laws, ordinances, rules, regulations and codes relating to building, health, fire protection, safety, sanitation and zoning;

(b) Deficiencies that may result in death, a substantial probability of harm or actual injury to a patient's safety, health, or welfare;

(c) Deficiencies that may result in the facility's or program's failure to comply with certification standards;

(d) Serious or repeated violation of patient rights;

(e) Permitting, aiding or abetting the commission of an illegal act in a licensed program or facility;

(f) Fraudulent fiscal practices;

(g) Failure to allow an inspection in accordance with this chapter;

(h) Willful submission of false or misleading information to the Department in connection with an application for certification or related to certification procedures;

(i) Failure to obey any lawful order of the Department pursuant to the provisions of the Act, rules adopted pursuant to this chapter, and all other applicable provisions of law;

(j) Conviction of a member of the governing body, a Director, Administrator, the Chief Executive Officer, Department head, or other key staff member, of a felony involving the management or operation of a facility, or which is directly related to the integrity of the facility;

(k) Violation of this chapter, or other laws or regulations of the District of Columbia or the United States relating to the operation of a facility or program operating within the District of Columbia, of the type governed by these rules; or

(l) Failure or refusal to submit reports or make records available as requested by the Department in accordance with the authority granted by these rules or the Act.

2367.4 If the Department proposes to take action written notice shall be given to the facility or program.

2367.5 The proposed action shall become final unless the applicant files a request for a hearing with the Department within fifteen (15) days of the notice or submits documentary evidence for the Department's consideration.

2367.6 If the facility or program submits documentary evidence but does not request a hearing, the Department shall consider the material submitted and take such action

as is appropriate without a hearing.

2367.7 The Department shall notify the facility or program in writing if the proposed action becomes final.

2367.8 The Department may summarily suspend a certification of any facility or program if the Department determines that existing deficiencies constitute an imminent or serious danger to the health, safety or welfare of its patients.

2367.9 The Department shall suspend processing of an application for certification or re-certification when a facility, program or staff is under investigation for fraud, financial misconduct, physical or sexual abuse, or improper clinical practices.

2367.10 All proceedings for the denial, suspension, revocation, limitation, or refusal to issue or renew a certification shall be conducted in accordance with the DCAPA.

2367.11 If the Department has denied an application for certification, the applicant must wait at least ninety (90) days before filing a new application for certification.

2367.12 If the Department has revoked a facility's or program's certification, the facility or program must wait at least one (1) year before filing a new application for certification. The Department's review of a future application shall take into consideration the severity of prior violations, actions taken by the facility or program to correct the violations, and the effect of the resulting action on the community.

2367.13 Upon revocation or suspension of the certification the organization must surrender its certificate to a representative of the Department.

2399 DEFINITIONS

Admission - entry into the substance abuse treatment facility or program after completion of intake screening and initial assessment and a determination that an individual is eligible for admission into a program.

Addiction counselor - a person who possesses and utilizes a unique knowledge and skill base to assist: (i) a substance abuser, or (ii) a person or group affected by a problem affected by substance abuse, or (iii) the public for whom the prevention of substance abuse is a primary concern. This knowledge and skill base may be attained through a combination of specialized training, education, supervised work experience, and life experience.

Alcohol abuse - any pattern of pathological use of alcohol that causes impairment in social or occupational functioning, or that produces physiological dependency evidenced by physical intolerance or by physical symptoms when it is withdrawn.

Alternative housing - arrangement or provision of safe, appropriate, substance-free housing in the community on a long or short term basis in order to facilitate community-based substance abuse treatment and rehabilitation, to maximize its benefits, and to maintain recovery.

Applicant - a facility or program that has applied to the Department for certification as a

substance abuse treatment facility or program.

Case management - specific coordination activities with or on behalf of a particular client in accordance with an individual rehabilitation plan. The aim of the activities is to maximize the client's adjustment and functioning within the community while promoting sobriety and recovery promoting client independence and responsibility, and maximizing
client involvement in the community and its support systems.

Case manager - facility or program staff specially designated to provide case management activities with or on behalf of a patient to maximize the patient's adjustment and functioning within the community while achieving sobriety and sustaining recovery.

Certification - the process of establishing that standards of care described in this document are met; or approval from the Department indicating that the applicant has successfully complied with all requirements for the operation of a substance abuse treatment facility or program in the District of Columbia.

Chemical restraints - drugs which are prescribed or administered in an emergency to restrain temporarily, through the use of chemicals, a patient who presents a likelihood of serious physical harm to self or to others.

Childcare, short-term, on-site - support provided to a patient for the care of a child while the patient is engaged in treatment and rehabilitation activities deemed clinically and programmatically necessary.

Child development facility - a center, home, or other structure that provides care and other services, supervision, and guidance for children up to 15 years of age on a regular basis, regardless of its designated name, but does not include a public or private elementary or secondary school engaged in legally required educational and related functions.

Clinician - a licensed or certified professional with expertise in one of the following areas: physical medicine, addiction medicine, psychiatry, or social work.

Codependent - a person who is a member of a family in which there is a substance abuser receiving treatment for substance abuse.

Communicable disease - any disease as defined in Title 22, Section 201 of the District of Columbia Municipal Regulations (DCMR).

Community-based service - service delivery conducted in accordance with the principles of community integration and patient self-determination.

Crisis - a time, stage or event for a patient characterized by one or more threats or losses such as loss of housing, employment, or personal support(s), or legal or medical problems, or imminent or actual relapse.

Day(s) - refers to calendar day unless specifically stated otherwise.

Day Treatment - a comprehensive package of services and structured activities provided consistent with patient's rehabilitation plan which is designed to achieve and promote recovery

from substance abuse/dependency and is provided in a supervised substance-free facility that provides for a minimum of five (5) visits per week for five (5) hours per day.

Department - The District of Columbia Department of Health, Addiction Prevention and Recovery Administration.

Detoxification - a program designed to achieve systematic reduction in the degree of physical dependence on alcohol or drugs.

Director - Director of the Department of Health and/or the Administrator of the Addiction Prevention and Recovery Administration.

Discharge - the time when a patient's active involvement with the facility or program is terminated as documented in the facility or program's records.

Discharge planning - activities with or on behalf of an individual to arrange for appropriate follow-up care to sustain recovery after being discharged from the Program, including educating the individual how to access or reinitiate additional services, as needed.

Discrete patients - children, accompanied by a parent into a treatment environment, that are clinically determined to require admission as a patient with their own separate and distinct assessment, treatment plan, course of treatment and record, but does not include children who receive services primarily to support a parent's recovery.

District - the District of Columbia government.

Drug - any chemical substance used in the diagnosis, cure, mitigation, treatment, or prevention of disease in man or animal.

Dual Diagnosis - the presence of concurrent diagnosis of substance abuse/dependency and a mental disease or disorder.

Facility - any individual, public or private service provider, firm, corporation, partnership, society or association which represents itself either through name, advertisement, practice, or reputation to offer any service including treatment, counseling, or rehabilitation to alcoholics, drug abusers or drug dependent individuals. Such services may be in addition to providing information, education, prevention, and aftercare services related to substance abuse and addiction, but does not include providers offering only information, education, prevention and aftercare services.

Family - individuals who comprise a household, who may or may not be related by marriage or ancestry.

Family therapy - planned face-to-face, goal-oriented, therapeutic interaction by a qualified individual with a client and/or one (1) or more members of the client’s family in order to address and resolve the family system’s dysfunction as it relates to the patient’s substance abuse problem in accordance with the patient’s rehabilitation plan.

Group addiction counseling - a face-to-face, goal-oriented therapeutic interaction among a counselor and two (2) or more patients as specified in individual rehabilitation plans designed to promote self-understanding, self-esteem and resolution of personal problems through personal disclosure and interpersonal interaction among group members.

Group education - the presentation of general information and application of the information to participants through group discussion in accordance with individualized rehabilitation plans. The plans are designed to promote recovery and enhance social functioning.

Individual addiction counseling - a structured, goal-oriented therapeutic process in which a patient interacts on a face-to-face basis with a counselor in accordance with the patient's rehabilitation plan in order to resolve problems related to alcohol or other drugs, or both, which interfere with the patient's functioning.

Individual psychotherapy services - services designed to enhance or improve an individual's psychological and social functioning, improve self-esteem and increase coping abilities in accordance with a patient's rehabilitation plan, where the patient interacts on a face-to-face basis with a qualified mental health professional.

Intake screening and assessment - the process of gathering and evaluating relevant information about an individual to determine initial admission for rehabilitation program services and development of an initial treatment plan and referral.

Inpatient services - therapeutic services that are medically or psychologically necessary and that are provided in a hospital or a non-hospital residential facility to patients admitted to the hospital or non-hospital residential facility.

In-service training - activities to achieve or improve competency of employees to perform present jobs or to prepare for other jobs or promotions.

Mayor - the Mayor of the District of Columbia.

Mechanical restraint - any device, instrument or physical object used to restrict an individual’s freedom of movement except for orthopedic, surgical and other medical purposes as ordered by a physician.

Medical waste - any solid waste that is generated in the diagnosis, treatment, or immunization of human beings, or in research pertaining thereto, or in the testing of biologicals, including but not limited to, soiled or blood-soaked bandages, needles- used to give shots or draw blood, and lancets.

Medication Management - patient service component of a program dealing with the acquisition, storage, handling, accounting, prescribing, dispensing, administering, and self-administering of drugs used for therapeutic purposes.

Medically or psychologically necessary - services that are essential for the treatment of substance abuse, as determined by a physician, psychologist, or social worker as they relates to patient's medical or psychiatric condition.

Narcotic Treatment program - a substance abuse treatment program that is certified by the

Department and certified by the Food and Drug Administration as an opioid replacement treatment program.

Nutritional services - services provided by a registered dietitian in a substance abuse treatment facility or program.

Opioid Drug - any drug having an addiction-forming or addiction sustaining ability similar to morphine or being capable of conversion into a drug having such addiction-forming or addiction-sustaining ability.

Opioid treatment - the dispensing of an opioid agonist treatment medication, along with a comprehensive range of medical and rehabilitative services, when clinically necessary, to an individual to alleviate the adverse medical, psychological, or physical effects incident to opioid addiction.

Orientation - introduction of new, promoted or transferred employees to the philosophy, organization, practices, procedures and goals of the program.

Outcomes of care - includes abstinence or reduction of abuse of substances, elimination or reduction of criminal activity, reduction of antisocial activity associated with substance abuse, reduction in need for medical or mental health services, reduction of need for substance abuse treatment, increase in pro-social involvement, and increase in productivity and employment.

Outpatient services - therapeutic services that are medically or psychologically necessary and that are provided to a patient according to an individualized treatment plan that does not require the patient's admission to a hospital or a non-hospital residential facility. The term "outpatient services" refers to services that may be provided (on an ambulatory basis) in a hospital, a non-hospital residential facility, an outpatient treatment facility, or the office of a licensed physician, psychologist, or social worker.

Outpatient treatment facility - a clinic, counseling center, or other similar establishment that is certified by the District or by any state or territory as a qualified provider of outpatient services for the treatment of substance abuse. The term "outpatient treatment facility" includes any facility operated by the District, any state or territory, or the United States to provide these services on an outpatient basis, or any private, for profit or not for profit but excluding a group practice consisting solely of licensed physicians, psychologists, or social workers.

Outreach - efforts to inform and facilitate access to the program's services.

Parent - a person who has custody of a child as a natural parent, stepparent of the child, has adopted the child, or has been appointed as a guardian for the child by a court of competent jurisdiction.

Patient - a person who is admitted to a substance abuse treatment facility or program who is judged to need substance abuse treatment services based on the results of an intake screening and initial assessment.

Physical abuse - the abuse of a patient with more force than is reasonable or apparently necessary for proper control, treatment or management; purposefully beating, striking, wounding

or injuring any patient; or the mistreating or maltreating of a patient in a brutal or inhumane manner.

Physical restraint - physical holding of a patient to temporarily restrict freedom of movement in an emergency when the patient appears likely to inflict serious physical harm to self or others.

Postpartum - a period of time for up to six (6) months after birth of offspring.

Program Director - an individual having authority and responsibility for the day-to-day operation of a substance abuse treatment facility or program.

Referral - activities with and on behalf of a specific patient to establish initial linkage and facilitate access to other substance abuse treatment facilities or programs and support service providers.

Rehabilitation - the process of maximizing a patient's ability to achieve and maintain sobriety and to function in his/her current social environment through structured therapeutic activities designed to develop skills, attitudes and behaviors based on the patient's rehabilitation plan.

Rehabilitation Plan - the course of action taken to address the issues that are identified in the assessment. The plan includes the type of services needed, frequency of services, the type of personnel providing the service, monitoring of patient's progress and periodic plan revision.

Research - experiments including new interventions of unknown efficacy applied to patients whether behavioral, psychological, biomedical or pharmacological.

Serious Mental Illness - a diagnosis of mental illness as defined by the most recent Diagnostic Statistical Manual of Mental Disorders. The American Psychiatric Association in 1994 published the fourth edition of this manual.

Sexual abuse - any touching, directly or through clothing, of the genitals, anus, or breasts of a person for other than medical purposes by an employee or patient, or failing to exercise a duty to stop or prevent sexual harassment between patients or causing patients to touch or fondle an employee through either the clothing of the employee or direct body contact.

Static capacity - maximum number of patients a facility or program can serve at any given time.

Substance abuse - a pattern of pathological use of a drug or alcohol that causes impairment in social or occupational functioning or produces physiological dependency evidenced by physical tolerance or physical symptoms when the drug or alcohol is not used.

Substance Abuse Treatment Program - any individual, public or private service provider, firm, corporation, partnership, society or association which represents itself either through name, advertisement, practice, or reputation to offer any service including treatment, counseling, or rehabilitation, to alcoholics, drug abusers or drug dependent individuals. Such services may be in addition to providing information, education, prevention, and aftercare services related to substance abuse and addiction, but does not include providers offering only information, education, prevention and aftercare services.

Support services - include, but are not limited to, such services as vocational training, education, and placement activities either provided directly by the program or arranged for patients by the program through referral to outside community resources.

Therapeutic Assistant Services - services provided by an individual who provides a variety of services within the substance abuse treatment facility or program that are prescribed on the individual's rehabilitation plan.

Treatment - any effort to accomplish a change in the cognitive or emotional conditions or the behavior of a patient consistent with generally recognized principles or standards in the substance abuse treatment field.

Verbal abuse - staff or volunteers referring to a patient in the patient's presence, with profanity or in a demeaning, undignified or derogatory manner.

All persons desiring to comment on these proposed rules must submit comments in writing not later than thirty (30) days after the date of publication of this notice in the D.C. Register, to the Office of the Senior Deputy Director for Substance Abuse, Department of Health, 825 North Capitol Street, N.E., 3rd Floor, Room 3132, Washington, D.C. 20002. Copies of these rules may be obtained from the above address.